



Select Physical Therapy
2000 South IH35 Suite L-1
Austin, TX USA 78681
Phone: (512) 238-6200
Fax: (512) 238-6700

Accident #: 003607090212
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 20
Cxl/Ns: 0

Patient: **Mich Eggers**
Note Date: **Nov 29, 2007**
DOB: **Jun 18, 1958**
SSN: **XXX-XX-XXXX**
FSC: **BCBS**
Payor: **BCBS**
Pol/Claim#:
Name of Insured:
Employer: **Student**

Discharge Summary

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion Abnormal Sensation: Numbness in RF, SF persists

Medical Management:

- Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

Objective Examination

Integument: Scars: Characteristics:

- Pliability **Right**

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

	May 31, 2007	Aug 20, 2007	
	R. Pas.	R. Act.	Pas.
• Extension	-60	-20	-15
• Flexion(post tx)	90	130	138
• Wrist Extension		40	
• Wrist Flexion		60	

Assessment

In my professional opinion, this client exhibits a good prognosis at time of discharge from skilled rehabilitative therapy in conjunction with a home exercise program. The client was educated regarding the discharge prognosis and related pathology. The client exhibits good understanding and is independent in their home exercise program and instructions outlined in this skilled rehabilitation program.

Problems & Goals

Problem #1 Range of Motion.

STG Achieve by Aug 31, 2007.

Range of Motion Improvements to: Elbow:

	Right AROM	Right PROM
• Extension	-20	-20
• Flexion	135	140



• Wrist Extension	60
• Wrist Flexion	60

LTG Achieve by Sep 14, 2007.

Range of Motion Improvements to: Elbow:

Right AROM

• Extension	-10
• Flexion	140

Problem #2 Observations: Swelling: Severity: Moderate.

STG Achieve by Aug 17, 2007.

Girth Normalization:

- Decreasing Swelling/Effusion to: Min levels

Problem #3 Integument: Scars: Characteristics.

LTG Achieve by Sep 14, 2007.

Improve scar mobility to mild restrictions

Plan

Discharge to Independent Home Exercise Program.

Discharge from Occupational Therapy.

Discharge due to:

- Insurance visit limitations.

Michelle Purdy, OT, OT(TX Lic: 106584)



Select Physical Therapy
2000 South IH35 Suite L-1
Austin, TX USA 78681
Phone: (512) 238-6200
Fax: (512) 238-6700

Acc # 0050750212
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 20
Cxl/Ns: 0

Patient: Megan Eggers
Visit Date: Aug 20, 2007
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor: BCBS
Pol/Claim#:
Name of Insured:
Employer: Student

Daily Note

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: per MD orders dated 08/02/07, Component 1
AROM/PROM elbow

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion Abnormal Sensation: Numbness in RF, SF persists

Daily Comments:

- "It is really doing well"

Medical Management:

- Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

Objective Examination

Integument: Scars: Characteristics:

- Pliability

Right

Mild

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

- Extension
- Flexion(post tx)
- Wrist Extension
- Wrist Flexion

Right AROM | Right PROM

-20	-15
130	138
40	
60	

Treatments

Exercise Activities: Range of Motion:

- ROM Activity 1(This visit)
- ROM Activity 2(This visit)

Did Not Perform: This visit

Did Not Perform: This visit

Manual Interventions: Soft Tissue:

▪ Soft Tissue Mobilization 1	Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: Lymph Drainage, retrograde, Assisting Technique: scar mobilization, Description: retrograde massage to reduce edema, scar mob.
Manual Interventions: Range of Motion:	
▪ Manual ROM 2	Time Elapsed: 30 Minutes, Additional Detail: forearm neutral, Description: A/AAROM/PROM flex/ext
Wound Management:	
▪ Suture/Staple Removal(This visit)	Did Not Perform: This visit

Assessment

Presentation:

- demo moderate improvement in total AROM of elbow, demo improved flexibility in transitional movements

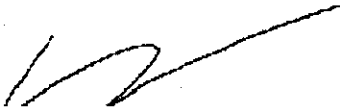
Plan

Daily Plan:

- pt going out of town on vacation for a few days, will schedule appt upon return

Recommendations:

- Continue with current program.



Michelle Purdy, OT, OT(TX Lic: 106584)



Select Physical Therapy
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Austin, TX USA 78681
Phone: (512) 238-6200
Fax: (512) 238-6700

Acc # 003607090212
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 19
Cxl/Ns: 0

Patient: **Michelle Eggers**
Visit Date: **Aug 17, 2007**
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor: BCBS
Pol/Claim#:
Name of Insured:
Employer: Student

Plan of Care

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

- Swelling. Range of Motion. Flexibility.

Problems & Goals

Problem #1 Range of Motion.

- Extension
- Flexion(post tx)
- Wrist Extension
- Wrist Flexion

Right AROM | Right PROM

-30 | -20
125 | 135
40 |
60 |

STG Achieve by Aug 31, 2007.

Range of Motion Improvements to: Elbow:

- Extension
- Flexion
- Wrist Extension
- Wrist Flexion

Right AROM | Right PROM

-20 | -20
135 | 140
60 |
60 |

LTG Achieve by Sep 14, 2007.

Range of Motion Improvements to: Elbow:

- Extension
- Flexion

Right AROM

-10
140

Goal Achieved Aug 17, 2007.

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #2 Observations: Swelling: Severity: Moderate.

STG Achieve by Aug 17, 2007.

Girth Normalization:

Please sign and return

I have reviewed this Plan of Care and certify that the skilled therapy services identified are required to meet the patient's need. Comments and/or revisions to this Plan of Care are noted below.

Comments/Revisions

Physician Signature

Date

- Decreasing Swelling/Effusion to: Min levels

Problem #3 Integument: Wounds/Incisions: Type: incision appears approximated

Goal Achieved Aug 17, 2007.

Wound Care:

- Prevent Contamination. Promote Epithelialization/Granulation Tissue.

Problem #4 Integument: Scars: Characteristics.

Right

- Pliability

Mild

LTG Achieve by Sep 14, 2007.

Improve scar mobility to mild restrictions

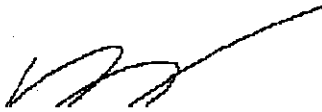
Plan

Frequency and Duration:

- It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Soft Tissue Mobilization Techniques.
- Additional:
 - Edema Management. Scar Management. Wound Management.



Michelle Purdy, OT, OT(TX Lic: 106584)



Select Physical Therapy
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Austin, TX USA 78681
Phone: (512) 238-6200
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Acc # 003507090212
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 19
Cxl/Ns: 0

Patient: Megan Eggers
Visit Date: Aug 17, 2007
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor: BCBS
Pol/Claim#:
Name of Insured:
Employer: Student

Re-Evaluation *Progress Report (No Re-eval Charge)*

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: per MD orders dated 08/02/07, Ccponent 1
AROM/PROM elbow

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion Abnormal Sensation: Numbness in RF,SF persists

Daily Comments:

- Stiffness has: Decreased: With exercise activity.

Medical Management:

- Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

Objective Examination

Integument:

- Wounds/Incisions: Type: incision appears approximated

Integument: Scars: Characteristics:

- Pliability

Right
Mild

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

	Aug 03, 2007		Aug 17, 2007	
	R. Act.	Pas.	R. Act.	Pas.
Extension	-30	-30	-30	-20
Flexion(post tx)	115	130	125	135
Wrist Extension	40		40	
Wrist Flexion	60		60	

Treatments

Exercise Activities: Range of Motion:

- ROM Activity 1(This visit) Did Not Perform: This visit
- ROM Activity 2(This visit) Did Not Perform: This visit

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization 1

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Lymph Drainage, retrograde, Description: retrograde massage to reduce edema, scar mob.

Manual Interventions: Range of Motion:

- Manual ROM 2

Time Elapsed: 30 Minutes, Additional Detail: forearm neutral, Description: A/AAROM/PROM flex/ext

Wound Management:

- Suture/Staple Removal

Time Elapsed: 4 Minutes, Topical Agent: None, Dressing: None

Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

- Swelling, Range of Motion, Flexibility.

Problems & Goals

Problem #1 Range of Motion.

STG Achieve by Aug 31, 2007.

Range of Motion Improvements to: Elbow:

- Extension

Right AROM | Right PROM

-20 | -20

- Flexion

135 | 140

- Wrist Extension

60

- Wrist Flexion

60

LTG Achieve by Sep 14, 2007.

Range of Motion Improvements to: Elbow:

- Extension

Right AROM

-10

- Flexion

140

Goal Achieved Aug 17, 2007.

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #2 Observations: Swelling: Severity: Moderate.

STG Achieve by Aug 17, 2007.

Girth Normalization:

- Decreasing Swelling/Effusion to: Min levels

Problem #3 Integument: Wounds/Incisions: Type: incision appears approximated

Goal Achieved Aug 17, 2007.

Wound Care:

- Prevent Contamination, Promote Epithelialization/Granulation Tissue.

Problem #4 Integument: Scars: Characteristics.



LTG Achieve by Sep 14, 2007.

Improve scar mobility to mild restrictions

Plan

Frequency and Duration:

- It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Soft Tissue Mobilization Techniques.
- Additional:
 - Edema Management. Scar Management. Wound Management.

Michelle Purdy, OT, OT(TX Lic: 106584)



2000 South IH35 Suite L-1
Austin, TX USA 78681
Phone: (512) 238-6200
Fax: (512) 238-6700

Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 18
Cxl/Ns: 0

Visit Date: Aug 15, 2007
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor: BCBS
Pol/Claim#:
Name of Insured:
Employer: Student

Daily Note

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: per MD orders dated 08/02/07, Component 1
AROM/PROM elbow.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion Abnormal Sensation: Numbness in RF, SF persists

Daily Comments:

- Overall Condition is: Improving.

Medical Management:

- Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

Objective Examination

Integument:

- Wounds/Incisions: Type: Surgical Incision.

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

	Right AROM	Right PROM
Extension	-30	-20
Flexion(post tx)	125	135
Wrist Extension	40	
Wrist Flexion	60	

Treatments

Exercise Activities: Range of Motion:

- ROM Activity 1(This visit) Did Not Perform: This visit
- ROM Activity 2(This visit) Did Not Perform: This visit

Manual Interventions: Soft Tissue:

• Soft Tissue Mobilization 1

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Lymph
Drainage; retrograde, Description: retrograde massage to reduce
edema, scar mob.

Manual Interventions: Range of Motion:

• Manual ROM 2

Time Elapsed: 30 Minutes, Additional Detail: forearm neutral,
Description: A/AAROM/PROM flex/ext

Assessment

Presentation:

- appears to be maintaining gains in mobility made between tx sessions

Plan

Daily Plan:

- remove sutures next session



Michelle Purdy, OT, OT(TX Lic: 106584)



Select Physical Therapy
2000 South IH35 Suite L-1
Austin, TX USA 78681
Phone: (512) 238-6200
Fax: (512) 238-6700

Abc04 00850590712
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 17
Cxl/Ns: 0

Patient: Mitch Eggers
Visit Date: Aug 13, 2007
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor: BCBS
Pol/Claim#:
Name of Insured:
Employer: Student

Daily Note

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program
- Additional Detail: per MD orders dated 08/02/07, Component 1:
AROM/PROM elbow

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion. Abnormal Sensation: Numbness in RF, SF persists

Daily Comments:

- "I can routinely get the flexion to 130 with the splint"

Medical Management:

- Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis and capsular release, DOS 08/01/07

Objective Examination

Integument:

- Wounds/Incisions: Type: Surgical Incision.

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

	Right AROM	Right PROM
Extension	-30	-20
Flexion(post tx)	125	135
Wrist Extension	40	
Wrist Flexion	60	

Treatments

Exercise Activities: Range of Motion:

- ROM Activity 1(Home Program Component)
Time Elapsed: 10 Minutes, Technique: Active, Description: Elbow flex/ext with wrist supported in VF.
- ROM Activity 2(Home Program Component)
Time Elapsed: 5 Minutes, Side: right, Technique: Active, Description: VF/DF with elbow supported in flex.

Manual Interventions: Soft Tissue:

**Soft Tissue Mobilization 1**

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Lymph Drainage; retrograde, Description: retrograde massage to reduce edema, scar mob.

Manual Interventions: Range of Motion:**Manual ROM 2**

Time Elapsed: 30 Minutes, Additional Detail: forearm neutral, Description: Passive elbow flex to tol, passive ext to tol

Assessment

Presentation:

- Demo improved active and passive mobility in flex/ext

Treatment Emphasis to focus on:

- improving flex and ext and flexibility in transitional movements

Plan

Recommendations:

- Continue with current program.

Michelle Purdy, OT, OT(TX Lic: 106584)



Select Physical Therapy
3901 South Lamar Blvd
Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275
Fax: (512) 462-0005

Abuse # 332407020285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
Inj. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 16
Cxl/Ns: 0

Patient: Gail Eggers
Visit Date: Aug 09, 2007
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor: BCBS
Pol/Claim#:
Name of Insured:
Employer: Student

Daily Note

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: per MD orders dated 08/02/07, Component 1
AROM/PROM elbow.

Subjective Examination

Chief Complaint:

- Unable to use right U/B for ADLs in usual fashion. Abnormal Sensation: Numbness in RF, SF persists

Medical Management:

- Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

Objective Examination

PROM elbow flex pre-tx: 110, PROM post- tx: 130

Integument:

- Wounds/Incisions: Type: Surgical Incision.

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

	Right AROM	Right PROM
Extension	30	30
Flexion(post tx)	115	130
Wrist Extension	40	
Wrist Flexion	60	

Treatments

Exercise Activities: Range of Motion:

- ROM Activity 1(Home Program Component)
Time Elapsed: 10 Minutes, Technique: Active, Description: Elbow flex/ext with wrist supported in VF
- ROM Activity 2(Home Program Component)
Time Elapsed: 5 Minutes, Side: right, Technique: Active, Description: VF/DF with elbow supported in flex.

Manual Interventions: Soft Tissue:



• Soft Tissue Mobilization 1

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Lymph Drainage, retrograde, Description: retrograde massage to reduce edema, scar mob.

Manual Interventions: Range of Motion:

• Manual ROM 2

Time Elapsed: 30 Minutes, Additional Detail: forearm neutral, Description: Passive elbow flex to tol, passive ext to tol

Wound Management:

• Wound Management 1 (Home Program Component)

Time Elapsed: 5 Minutes, Description: incision site care, dressing change, Topical Agent: antibiotic

Assessment

Reviewed goals, progress and HEP with client.

Presentation:

- Moderate Improvements In: PROM post tx

Plan

Daily Plan:

- pt to transfer to Round Rock clinic to continue tx 3x a week

Michelle Purdy, OT, OT(TX Lic: 106584),OTR/L



3901 South Lamar Blvd
Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275
Fax: (512) 462-0005

Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 15
Cxl/Ns: 0

Visit Date: Aug 07, 2007
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor: BCBS
Pol/Claim#:
Name of Insured:
Employer: Student

Daily Note

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: per MD orders dated 08/02/07, Component 1
AROM/PROM elbow.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion Abnormal Sensation: Numbness in RF,SF persists

Daily Comments:

- No New Complaints.

Medical Management:

- Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

Objective Examination

Integument:

- Wounds/Incisions: Type: Surgical Incision.

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

	Right AROM	Right PROM
Extension	-30	-30
Flexion(post tx)	115	130
Wrist Extension	40	
Wrist Flexion	60	

Treatments

Exercise Activities: Range of Motion:

- ROM Activity 1(Home Program Component) Time Elapsed: 10 Minutes, Technique: Active, Description: Elbow flex/ext with wrist supported in VF
- ROM Activity 2(Home Program Component) Time Elapsed: 5 Minutes, Side: right, Technique: Active, Description: VF/DF with elbow supported in flex.

Manual Interventions: Soft Tissue:

• Soft Tissue Mobilization 1

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Lymph Drainage, retrograde, Description: retrograde massage to reduce edema, scar mob.

Manual Interventions: Range of Motion:

• Manual ROM 2

Time Elapsed: 30 Minutes, Additional Detail: forearm neutral, Description: Passive elbow flex to tol, passive ext to tol

Wound Management:

• Wound Management 1(Home Program Component)

Time Elapsed: 5 Minutes, Description: incision site care, dressing change, Topical Agent: antibiotic

Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty.

Initiated:

- massage for edema mgmt

Treatment Emphasis to focus on:

- Range of Motion/Mobility Improvements.

Plan

Recommendations:

- Continue with current program.



Michelle Purdy, OT, OT(TX Lic: 106584),OTR/L



Select Physical Therapy
3200 Red River St.
Suite 101
Austin, TX USA 78705
Phone: (512) 476-8857
Fax: (512) 482-8199

Acct #: 032407020285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 14
Cxl/Ns: 0

Patient: **Shirley Eggers**
Visit Date: **Aug 03, 2007**
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor: BCBS
Pol/Claim#:
Name of Insured:
Employer: Student

Plan of Care

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty. In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

- Range of Motion. Flexibility. Swelling. Integumentary Status.

Treatment Emphasis to focus on:

- Range of Motion/Mobility Improvements. Controlling and Normalizing: Swelling/Edema.

Problems & Goals

Problem #1 Range of Motion.

	Right AROM	Right PROM
• Extension	30	30
• Flexion(post tx)	115	130
• Wrist Extension	40	
• Wrist Flexion	60	

STG Achieve by Aug 17, 2007.

Client Education:

- Independent Home Exercise/Self Care Program.

Range of Motion Improvements to: Elbow:

	Right AROM	Right PROM
• Extension	20	20
• Flexion	130	140
• Wrist Extension	60	
• Wrist Flexion	60	

Problem #2 Observations: Swelling: Severity: Moderate.

STG Achieve by Aug 17, 2007.

Girth Normalization:

- Decreasing Swelling/Effusion to: Min levels

Problem #3 Integument: Wounds/Incisions: Type: Surgical Incision.

Please sign and return

I have reviewed this Plan of Care and certify that the skilled therapy services identified are required to meet the patient's need. Comments and/or revisions to this Plan of Care are noted below.

Comments/Revisions

Physician Signature

Date

STG Achieve by Aug 17, 2007.

Wound Care:

- Prevent Contamination. Promote Epithelialization/Granulation Tissue.

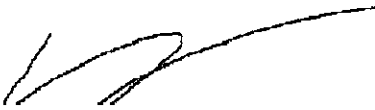
Plan

Frequency and Duration:

- It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 2 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Soft Tissue Mobilization Techniques. Modalities: PRN
- Additional:
 - Edema Management. Scar Management. Wound Management.



Michelle Purdy, OT, OT(TX Lic: 106584)



Select Physical Therapy
3200 Red River St.
Suite 101
Austin, TX USA 78705
Phone: (512) 476-8857
Fax: (512) 482-8199

Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 14
Cxl/Ns: 0

Patient: Mitchell Eggers
Visit Date: Aug 03, 2007
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor: BCBS
Pol/Claim#:
Name of Insured:
Employer: Student

Re-Evaluation *Progress Report (No Re-eval Charge)*

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program
- Additional Detail: per MD orders dated 08/02/07, Ccponent 1 AROM/PROM elbow.

Subjective Examination

Chief Complaint:

- Unable to use right U/B for ADLs in usual fashion. Abnormal Sensation: Numbness in RF, SF persists

Daily Comments:

- "The pain is a lot better since the surgery; I am supposed to wear the flexion splint about 2/3 of the time and the extension brace about 1/3"

Medical Management:

- Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

Objective Examination

Integument:

- Wounds/Incisions: Type: Surgical Incision.

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

Aug 03, 2007		
	R. Act.	Pas.
Extension	-30	-30
Flexion(post tx)	115	130
Wrist Extension	40	
Wrist Flexion	60	

Treatments

Exercise Activities: Range of Motion:

- ROM Activity 1(Home Program Component)
- Time Elapsed: 10 Minutes, Technique: Active, Description: Elbow flex/ext with wrist supported in VF.

- ROM Activity 2(Home Program Component)

Time Elapsed: 5 Minutes, Side: right, Technique: Active.
Description: VF/DF with elbow supported in flex.

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization 1(This visit)

Did Not Perform: This visit

Manual Interventions: Range of Motion:

- Manual ROM 2

Time Elapsed: 30 Minutes, Additional Detail: forearm neutral.
Description: Passive elbow flex to tol, passive ext to tol

Wound Management:

- Wound Management 1(Home Program Component)

Time Elapsed: 5 Minutes, Description: incision site care, dressing change, Topical Agent: antibiotic.

Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty. In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

- Range of Motion, Flexibility, Swelling, Integumentary Status.

Treatment Emphasis to focus on:

- Range of Motion/Mobility Improvements. Controlling and Normalizing: Swelling/Edema.

Problems & Goals

Problem #1 Range of Motion.

STG Achieve by Aug 17, 2007.

Client Education:

- Independent Home Exercise/Self Care Program.

Range of Motion Improvements to: Elbow:

- Extension

Right AROM | Right PROM

- Flexion

-20 | -20

- Wrist Extension

130 | 140

- Wrist Flexion

60 | 60

60 | 60

Problem #2 Observations: Swelling: Severity: Moderate.

STG Achieve by Aug 17, 2007.

Girth Normalization:

- Decreasing Swelling/Effusion to: Min levels

Problem #3 Integument: Wounds/Incisions: Type: Surgical Incision.

STG Achieve by Aug 17, 2007.

Wound Care:

- Prevent Contamination. Promote Epithelialization/Granulation Tissue.

Plan

**Frequency and Duration:**

- It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 2 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Soft Tissue Mobilization Techniques. Modalities: PRN
- Additional:
 - Edema Management. Scar Management. Wound Management.

Michelle Purdy, OT, OT(TX Lic: 106584)



3901 South Lamar Blvd
Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275
Fax: (512) 462-0005

Accid#: 002401520285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 13
Cxl/Ns: 0

Patient: Michelle Eggers
Visit Date: Jul 26, 2007
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor: BCBS
Pol/Claim#:
Name of Insured:
Employer: Student

Daily Note

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: w/p per Dr. Gabel on 06/21/07, cont with PROM, Component 1: with goal of elbow 120 flex, -30 ext, Component 2: specific instructions for elbow flex splint (will, Component 3: obtain design info from therapist in Houston), Component 4: Dynasplint for elbow ext.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Daily Comments:

- Pt reports numbness in RF, SF persists

Objective Examination

PROM elbow flex post tx: 100

Integument: Scars: Characteristics:

- Pliability

Right

improving mobility

Observations:

- Swelling: Severity: Appears to be decreasing to min

Range of Motion:

- Extension
- Flexion(post tx)
- Pronation
- Supination

Right AROM | Right PROM

-70	-30
90	100
75	75
75	75

Treatments

Exercise Activities: Range of Motion:

- Elbow Extension ROM(This visit)
- Elbow Flexion ROM(This visit)

Did Not Perform: This visit

Did Not Perform: This visit

Manual Interventions: Soft Tissue:

▪ Soft Tissue Mobilization 1

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional, Additional Detail: elbow/forearm in protected position, Description: retrograde massage to reduce edema, scar mob, # of people in group: also STM triceps/biceps.

Manual Interventions: Range of Motion:

▪ Manual ROM 1(This visit)

Did Not Perform: This visit

▪ Manual ROM 2

Time Elapsed: 20 Minutes, Additional Detail: forearm neutral, Description: Passive elbow flex to tol, passive ext to tol.

Manual Interventions: Neural Glides:

▪ Ulnar Nerve(This visit)

Did Not Perform: This visit

Modalities:

▪ Electric Stim, Unattended(This visit)

Did Not Perform: This visit

▪ Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical Use: Pre Activity.

Orthotics/Prosthetics: Modifications:

▪ Adjust Thermoplastic(This visit)

Did Not Perform: This visit

Assessment

Presentation:

- Achieved 100 elbow flex post tx, pt reported difficulty tolerating beyond this point due to pain in elbow

Plan

Daily Plan:

- Pt has follow-up with Dr. Gabel next week, pending possible sx



Michelle Purdy, OT, OT(TX Lic: 106584),OTR/L



Select Physical Therapy
3901 South Lamar Blvd
Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275
Fax: (512) 462-0005

Acc # 02407522285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 12
Cxl/Ns: 0

Patient: Iguch Eggers
Visit Date: Jul 24, 2007
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Daily Note

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: v/p per Dr. Gabel on 06/21/07, cont with PROM, Component 1: with goal of elbow 120 flex, -30 ext, Component 2: specific instructions for elbow flex splint (will. Component 3: obtain design info from therapist in Houston), Component 4: Dynasplint for elbow ext.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Daily Comments:

- "My fingers have been numb since last week", "I talked to Dr. Gabel, he may do an ulnar nerve transposition if this keeps up, I have an appt with him on Friday"

Objective Examination

PROM elbow flex post tx: 100

Integument: Scars: Characteristics:

- Pliability

Right

Improving mobility

Observations:

- Swelling: Severity: Appears to be decreasing to min

Range of Motion:

- Extension

Right AROM | Right PROM

- Flexion(post tx)

-70 | -30
90 | 100

- Pronation

75

- Supination

75

Treatments

Exercise Activities: Range of Motion:

- Elbow Extension ROM(Home Program Component)
- Elbow Flexion ROM(Home Program Component)

Time Elapsed: 4 Minutes, Type: Active

Time Elapsed: 4 Minutes, Type: Active

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization 1

Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional, Additional Detail: elbow/forearm in protected position, Description: retrograde massage to reduce edema, scar mob, # of people in group: also STM triceps/biceps.

Manual Interventions: Range of Motion:

- Manual ROM 1(This visit)
- Manual ROM 2

Did Not Perform: This visit

Time Elapsed: 30 Minutes, Additional Detail: forearm neutral, Description: Passive elbow flex to tol, passive ext to tol.

Manual Interventions: Neural Glides:

- Ulnar Nerve

Time Elapsed: 5 Minutes, Technique: Mobilize & Elongate.

Modalities:

- Electric Stim, Unattended(This visit)
- Moist Hot Pack

Did Not Perform: This visit

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical Use: Pre Activity.

Orthotics/Prosthetics: Modifications:

- Adjust Thermoplastic(This visit)

Did Not Perform: This visit

Assessment

adjusted padding on splint again to help relieve any possible pressure on ulnar nerve

Tolerance:

- pt reports some relief with ulnar nerve glides

Plan

Daily Plan:

- continue tx focusing on improving elbow motion while preventing aggravation of ulnar nerve sensitivity



Michelle Purdy, OT, OTR/L(TX Lic: 106584),OT



Select Physical Therapy
3901 South Lamar Blvd
Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275
Fax: (512) 462-0005

Acc # 002407520285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 11
Cxl/Ns: 0

Patient: Rachel Eggers
Visit Date: Jul 19, 2007
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Daily Note

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: w/p per Dr. Gabel on 06/21/07, cont with PROM, Component 1: with goal of elbow 120 flex, -30 ext. Component 2: specific instructions for elbow flex splint (will. Component 3: obtain design info from therapist in Houston). Component 4: Dynasplint for elbow ext.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Daily Comments:

- Occasional numbness in RF, SF

Objective Examination

PROM elbow flex post tx: 100

Integument: Scars: Characteristics:

- Pliability

Right

improving mobility

Observations:

- Swelling: Severity: Appears to be decreasing to min

Range of Motion:

- Extension
- Flexion(post tx)
- Pronation
- Supination

Right AROM	Right PROM
-70	-30
90	100
	75
	75

Treatments

Exercise Activities: Range of Motion:

- Elbow Extension ROM(Home Program Component)
- Elbow Flexion ROM(Home Program Component)

Time Blapsed: 2 Minutes, Type: Active.

Time Blapsed: 2 Minutes, Type: Active.

Manual Interventions: Soft Tissue:

▪ Soft Tissue Mobilization 1

Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional, Additional Detail: elbow/forearm in protected position, Description: retrograde massage to reduce edema, scar mob, # of people in group: also STM triceps/biceps.

Manual Interventions: Range of Motion:

- Manual ROM 1(This visit)
- Manual ROM 2

Did Not Perform: This visit
Time Elapsed: 30 Minutes, Additional Detail: forearm neutral, Description: Passive elbow flex to tol, passive ext to tol.

Modalities:

- Electric Stim, Unattended(This visit)
- Moist Hot Pack

Did Not Perform: This visit
Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical Use: Pre Activity.

Orthotics/Prosthetics: Modifications:

- Adjust Thermoplastic

Time Elapsed: 15 Minutes, Component 1: modified ulnar gutter portion of splint, Component 2: to hep relieve any pressure areas at wrist, Thickness: and ulnar forearm.

Assessment

Spoke with Dr. Gabel, ok to begin AROM, continue focus on improving elbow flex

The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.

Plan

Daily Plan:

- monitor numbness/paraesthesias along ulnar nerve distribution, continue focus on improving elbow flex



Michelle Purdy, OT, OTR/L(TX Lic: 106584),OT



Select Physical Therapy
3901 South Lamar Blvd
Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275
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Acc # 092407520285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 10
Cxl/Ns: 0

Patient: Glenn Eggers
Visit Date: Jul 10, 2007
DOB: Jun 18, 1958
SSN: XXX-XX-XXXX
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Daily Note

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: w/p par Dr. Gabel on 06/21/07, cont with PROM, Component 1: with goal of elbow 120 flex, -30 ext. Component 2: specific instructions for elbow flex splint (will, Component 3: obtain design info from therapist in Houston), Component 4: Dynasplint for elbow ext.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Daily Comments:

- "I made some modifications to my splint"

Objective Examination

PROM elbow flex post tx: 100

Integument: Scars: Characteristics:

- Pliability

Right

Improving mobility

Observations:

- Swelling: Severity: Appears to be decreasing to min

Range of Motion:

- Extension
- Flexion(post tx)
- Pronation
- Supination

Right PROM

-30
100
75
75

Splint/Orthosis Check: Splint Condition:

- Non-Professionally Altered. splint appears modified at shoulder component with football pads for base and fishing reel for mechanism of tightening tension in line; however, appears to demo appropriate line of pull for elbow flexion and appears to be performing desired result; advised pt to check with physician at follow-up on 07/12/07 and if ok to wear

Treatments

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization 1

Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional, Additional Detail: elbow/forearm in protected position, Description: retrograde massage to reduce edema, scar mob, # of people in group: also STM triceps/biceps.

Manual Interventions: Range of Motion:

- Manual ROM 1

Time Elapsed: 8 Minutes, Additional Detail: to tolerance, Description: Gentle passive pro/sup with elbow support 90 flex.

- Manual ROM 2

Time Elapsed: 30 Minutes, Additional Detail: forearm neutral, Description: Passive elbow flex to tol, passive ext to tol.

Modalities:

- Electric Stim, Unattended

Time Elapsed: 15 Minutes, PPS: 30, Location: posterior elbow/triceps, Mode: Continuous, Type: Interferential, Additional Detail: during PROM flex, Clinical Use: Post Activity

- Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical Use: Pre Activity.

Assessment

called Dr. Gabel's office to discuss when to initiate AROM and splint modifications, office closed (after business hours), left message an voice mail directed for Edwin, his assistant

Initiated:

- IFC to help relieve pain and improve tolerance to PROM; pt demo mild improvement to PROM and reported decreased pain during this ex with application of IFC demo improved PROM pro/sup

Plan**Daily Plan:**

- pt has follow-up with Dr. Gabel on 07/12/07



Michelle Purdy, OT, OT(TX Lic: 106584),OTR/L



Select Physical Therapy
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Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275
Fax: (512) 462-0005

Acc # 002401520285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 9
Cxl/Ns: 0

Patient: Jacob Eggers
Visit Date: Jul 05, 2007
DOB: Jun 18, 1958
SSN:
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Daily Note

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: v/p per Dr. Gabel on 06/21/07, cont with PROM, Component 1: with goal of elbow 120 flex, -30 ext. Component 2: specific instructions for elbow flex splint (will. Component 3: obtain design info from therapist in Houston), Component 4: Dynasplint for elbow ext.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Daily Comments:

- "The extension splint seems to be working well, I just can't wear it for as many hours as she told me to." pt reports wearing flex splint 1-2 x a day for an hour or so due to school schedule

Objective Examination

PROM elbow flex post tx: 100

Integument: Scars: Characteristics:

- Phiability

Right

Improving mobility

Observations:

- Swelling: Severity: Appears to be decreasing to min

Range of Motion:

- Extension

Right PROM

- Flexion(post bc)

-30

- Pronation

100

- Supination

60

60

Treatments

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization 1

Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional. Additional Detail: elbow/forearm in protected position. Description: retrograde massage to reduce edema, scar mob, # of people in group: also STM triceps/biceps.

Manual Interventions: Range of Motion:

- Manual ROM 1

Time Elapsed: 8 Minutes, Additional Detail: to tolerance. Description: Gentle passive pro/sup with elbow support 90 flex



- Manual ROM 2

Time Elapsed: 30 Minutes, Additional Detail: forearm neutral,
Description: Passive elbow flex to tol, passive ext to tol.

Modalities:

- Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical
Use: Pre Activity

Assessment

Reviewed goals, progress and HEP with client.

Advised pt to increase wear time and frequency of wear with elbow flex splint to at least 4-6 hours/day however pt reported difficulty with wear time due to school schedule and need to write with right hand; Reinforced importance of splint and brace wear and consistency of wear time, increasing tension to tolerance in order to increase gains in elbow flex particularly

Tolerance:

- Tried to gradual progressive tension/pressure with passive flexion and sustained hold at EROM but still appears limited at approx 100 elbow flex due to c/o pain and pt not able to tolerate greater than 100 flex at this time, demo guarding beyond this point

Plan

Recommendations:

- continue focus on improving elbow flex

Michelle Purdy, OT, OT(TX Lic: 106584), OTR/L



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Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275
Fax: (512) 462-0005

Accident# 002407520285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 8
Cxl/Ns: 0

Patient: Michael Eggers
Note Date: Jul 03, 2007
DOB: Jun 18, 1958
SSN:
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Administrative Additional Comments

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Communication With:

- Patient. Stacy, Dynasplint rep, attended session and fit pt with static progressive elbow ext brace

Michelle Purdy, OT, OT(TX Lic: 106584), OTR/L

Austin- Red River
3200 Red River St.
Suite 101
Austin, TX USA 78705
Phone: (512) 476-8857 Fax: (512) 482-8199

Abon# 140520285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 8
Cxl/Ns: 0

Patient: Mitchell Eggers
Visit Date: Jun 29, 2007
DOB: Jun 18, 1958
SSN:
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Daily Note

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: v/p per Dr. Gabel on 06/21/07, cont with PROM, Component 1: with goal of elbow 120 flex, -30 ext, Component 2: specific instructions for elbow flex splint (will, Component 3: obtain design info from therapist in Houston), Component 4: Dynasplint for elbow ext.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Daily Comments:

- "the splint seems to be helping, I feel I can bend my elbow a little more"

Objective Examination

PROM elbow flex post tx: 95

Integument: Scars: Characteristics:

- Pliability

Right

Improving mobility

Observations:

- Swelling: Severity: Appears to be decreasing to min

Range of Motion:

- Extension
- Flexion(post tx)
- Pronation
- Supination

Right PROM

-30
100
60
60

Splint/Orthosis Check:

- Added Merritt component and line to elbow flex splint (in place of theratube)

Treatments

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization 1

Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional. Additional Detail: elbow/forearm in protected position. Description: retrograde massage to reduce edema, scar mob

Manual Interventions: Range of Motion:

- Manual ROM 1(This visit)

Did Not Perform: This visit

- Manual ROM 2

Time Elapsed: 25 Minutes, Additional Detail: to tolerance,
Description: Gentle passive elbow flex/ext w/ FA/wrist neutral.

Modalities:

- Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical
Use: Pre Activity

Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty.

Reviewed goals, progress and HEP with client.

Presentation:

- Demo improved passive elbow ext to -30 and passive flex to 100 post tx

Plan

Daily Plan:

- Dynesplint rep to attend next session and fit pt with elbow ext splint



Michelle Purdy, OT, OT(TX Lic: 106584)

South Lamar
3901 South Lamar Blvd
Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275 Fax: (512) 462-0005

Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 7
Cxl/Ns: 0

Visit Date: Jun 26, 2007
DOB: Jun 18, 1958
SSN:
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Plan of Care

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

- Range of Motion. Flexibility. Soft Tissue Mobility.

Treatment Emphasis to focus on:

- Range of Motion/Mobility Improvements.

Problems & Goals

Problem #1 Medical Management: Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

Goal Achieved May 31, 2007.

Splint fabrication for immobilization and protection post-op repair

Client Education:

- Understands Contraindications/Precautions.

Goal Achieved Jun 21, 2007.

Client Education:

- Donning-Doffing/Use-Care and Wear of Orthosis.

Modify splint PRN for continued wear

Problem #2 Observations: Swelling: Severity: Appears to be decreasing to min

LTG Achieve by Jun 28, 2007. Some progress.

Girth Normalization:

- Decreasing Swelling/Effusion to: Mild Levels.

Problem #3 Integument: Scars: Characteristics.

LTG Achieve by Jun 28, 2007. Some progress.

Improve mobility to mild restrictions

Problem #4 Range of Motion.

STG Achieve by Jul 05, 2007.

Range of Motion Improvements to: Elbow:

	Right PROM
• Extension	30
• Flexion	115
• Pronation	60
• Supination	60

LTG Achieve by Jul 19, 2007.

Range of Motion Improvements to: Elbow:

Right PROM

Please sign and return

I certify that the above rehabilitation services are required and approved by me. This patient is under my care and this plan of care will be reviewed every 30 days.

Physician Signature

Date


• Flexion	120
• Pronation	80
• Supination	80

Plan

The goals and plan were discussed with the client and/or family and they concur. Instructions included to call regarding problems or questions. It is recommended that the client attend rehabilitative therapy twice weekly. Expected rehabilitation duration, under the current prescription, is four weeks. Interventions during this course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. AROM when approved by physician. Modalities: Moist Hot Pack. Soft Tissue Mobilization Techniques.
- Additional:
 - Scar Management. orthoplast dynamic elbow flex splint; Dynasplint for elbow extension



Michelle Purdy, OT, OT(TX Lic: 106584), OTR/L

South Lamar
3901 South Lamar Blvd
Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275 Fax: (512) 462-0005

Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 7
Cxl/Ns: 0
Patient:
Visit Date: Jun 26, 2007
DOB: Jun 18, 1958
SSN:
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Re-Evaluation *Progress Report (No Re-eval Charge)*

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: w/p per Dr. Gabel on 06/21/07, cont with PROM, Component 1: with goal of elbow 120 flex, -30 ext, Component 2: specific instructions for elbow flex splint (will, Component 3: obtain design info from therapist in Houston), Component 4: Dynasplint for elbow ext.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Medical Management:

- Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

Objective Examination

PROM elbow flex post tx: 95

Integument: Scars: Characteristics:

- Pliability

Right

Improving mobility

Observations:

- Swelling: Severity: Appears to be decreasing to min

Range of Motion:

	May 31, 2007	Jun 26, 2007
Right		
R. Pas.		R. Pas.
Extension	-60	-40
Flexion(post tx)	90	95
Pronation	30	60
Supination	30	60

Treatments

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization 1(This visit) Did Not Perform: This visit

Manual Interventions: Range of Motion:

- Manual ROM 1(This visit) Did Not Perform: This visit
- Manual ROM 2(This visit) Did Not Perform: This visit

Modalities:

- Moist Hot Pack(This visit) Did Not Perform: This visit

Orthotics/Prosthetics: Modifications:

- Adjust Thermoplastic(This visit) Did Not Perform: This visit

Orthotics/Prosthetics: Elbow:

- Orthotic Fitting/Fabrication

Additional Detail: fabricated dynamic elbow flex splint, Time
(Fitting/Fabrication): 15, Break In: Instructed, Care/Use: Instructed,
Donning/Doffing: Instructed, Proper Fit: Instructed.

Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

- Range of Motion, Flexibility, Soft Tissue Mobility.

Treatment Emphasis to focus on:

- Range of Motion/Mobility Improvements.

Problems & Goals

Problem #1 Medical Management: Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

Goal Achieved May 31, 2007.

Splint fabrication for immobilization and protection post-op repair

Client Education:

- Understands Contraindications/Precautions.

Goal Achieved Jun 21, 2007.

Client Education:

- Donning-Doffing/Use-Care and Wear of Orthosis.

Modify splint PRN for continued wear

Problem #2 Observations: Swelling: Severity: Appears to be decreasing to min

LTG Achieve by Jun 28, 2007. Some progress.

Girth Normalization:

- Decreasing Swelling/Effusion to: Mild Levels.

Problem #3 Integument: Scars: Characteristics.

LTG Achieve by Jun 28, 2007. Some progress.

Improve mobility to mild restrictions

Problem #4 Range of Motion.

STG Achieve by Jul 05, 2007.

Range of Motion Improvements to: Elbow:

Right PROM

• Extension	-30
• Flexion	115
• Pronation	60
• Supination	60

LTG Achieve by Jul 19, 2007.

Range of Motion Improvements to: Elbow:

Right PROM

• Flexion	120
• Pronation	80
• Supination	80

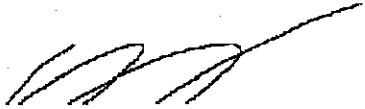
Plan

The goals and plan were discussed with the client and/or family and they concur. Instructions included to call regarding problems

or questions. It is recommended that the client attend rehabilitative therapy twice weekly. Expected rehabilitation duration, under the current prescription, is four weeks. Interventions during this course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. AROM when approved by physician. Modalities: Moist Hot Pack. Soft Tissue Mobilization Techniques.
- Additional:
 - Scar Management. orthoplast dynamic elbow flex splint; Dynasplint for elbow extension



Michelle Purdy, OT, OT(TX Lic: 106584), OTR/L

Austin-Hand Center
3705 Medical Parkway Suite 515
Austin, TX USA 78705
Phone: (512) 452-6475 Fax: (512) 371-7051

Accident #: 0240130285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 6
Cxl/Ns: 0

Patient: Michelle Eggers
Visit Date: Jun 22, 2007
DOB: Jun 18, 1958
SSN:
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Daily Note

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: w/p per Dr. Gabel on 06/21/07, cont with PROM, Component 1: with goal of elbow 120 flex, -30 ext, Component 2: specific instructions for elbow flex splint (will. Component 3: obtain design info from therapist in Houston), Component 4: Dynasplint for elbow ext.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Daily Comments:

- Pt brought in new orders to continue therapy and for orthoplast elbow flex splint and dynasplint ext brace

Medical Management:

- Surgery: S/P ORIF with plate for ulna, triceps repair, DOS 05/16/07

Objective Examination

PROM elbow flex post tx: 95

Integument: Scars: Characteristics:

- Pliability

Right

Mild

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

- Extension

- Flexion

- Pronation

- Supination

Right PROM

-40

90

60

60

Treatments

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization I

Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional, Additional Detail: elbow/forearm in protected position, Description: retrograde massage to reduce edema, scar mob

Manual Interventions: Range of Motion:

- Manual ROM I

Time Elapsed: 15 Minutes, Additional Detail: to tolerance, Description: Gentle passive pro/sup with elbow support 90 flex.

- Manual ROM 2

Time Elapsed: 15 Minutes, Additional Detail: to tolerance,
Description: Gentle passive elbow flex/ext w/ FA/wrist neutral.

Modalities:

- Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical
Use: Pre Activity

Orthotics/Prosthetics: Modifications:

- Adjust Thermoplastic (This visit)

Did Not Perform: This visit

Assessment

called Dynasplint and sent required info to order elbow ext brace

The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.

Presentation:

- Able to achieve approx 95 degrees flex in elbow post tx

Treatment Emphasis to focus on:

- Range of Motion/Mobility Improvements.

Plan

Daily Plan:

- Fabricated elbow flex splint next session



Michelle Purdy, OT, OT(TX Lic: 106584)

South Lamar
3901 South Lamar Blvd
Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275 Fax: (512) 462-0005

Acc # 00210750285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 5
Cxl/Ns: 0

Patient:
Visit Date: Jun 19, 2007
DOB: Jun 18, 1958
SSN:
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Daily Note

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: w/o per Dr. Gabel, fabricate poster or elbow.
Component 1: splint with elbow 90 flex, FA neutral/slight sup.
Component 2: begin gentle PROM for elbow with FA neutral.
Component 3: gentle PROM FA with elbow at 90 flex.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Daily Comments:

- Pt reports splint continuing to fit well

Medical Management:

- Surgery: S/P ORIF with plate for ulna, triceps repair, DOS 05/16/07

Objective Examination

Integument: Scars: Characteristics:

- Pliability

Right

Mild

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

- Extension
- Flexion
- Pronation
- Supination

Right PROM

-40
90
60
60

Treatments

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization I

Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional, Additional Detail: elbow/forearm in protected position, Description: retrograde massage to reduce edema, scar mob.

Manual Interventions: Range of Motion:

- Manual ROM 1
- Manual ROM 2

Time Elapsed: 15 Minutes, Additional Detail: to tolerance, Description: Gentle passive pro/sup with elbow support 90 flex.
Time Elapsed: 15 Minutes, Additional Detail: to tolerance, Description: Gentle passive elbow flex/ext w/ FA/wrist neutral.

Modalities:

- Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical
Use: Pre Activity

Orthotics/Prosthetics: Modifications:

- Adjust Thermoplastic (This visit)

Did Not Perform: This visit

Assessment

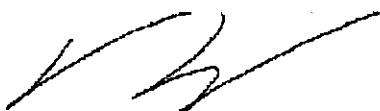
Presentation:

- Elbow flex passively continues to be limited by pt reports of pain, unable to progress past 90 flex without eliciting guarded response

Plan

Daily Plan:

- Pt has follow-up with Dr. Gabel on 06/21/07



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South Lamar
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Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275 Fax: (512) 462-0005

Accident# 002407520285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 4
Cxl/Ns: 0
Patient: Agneth Eggers
Visit Date: Jun 12, 2007
DOB: Jun 18, 1958
SSN:
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Daily Note

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: w/o per Dr. Gabel, fabricate posterior elbow.
Component 1: splint with elbow 90 flex, FA neutral/slight sup.
Component 2: begin gentle PROM for elbow with FA neutral.
Component 3: gentle PROM FA with elbow at 90 flex.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Daily Comments:

- "The splint is fine during the day but it bothers me at night I am not sure why, so I cut out the part around my wrist and that helped"

Medical Management:

- Surgery: S/P ORIF with plate for ulna, triceps repair, DOS 05/16/07

Objective Examination

Integument: Scars: Characteristics:

- Pliability

Right

Mild

Integument:

- Demo mild rash/skin irritation possibly due to heat and/or sweating in splint

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

- Extension

Right PROM

- Flexion

40

- Pronation

90

- Supination

60

Splint/Orthosis Check: Splint Condition:

- Non-Professionally Altered. portion around ulnar styloid has been cut out; pt reports he did this because at night has some discomfort in that area but ok during the day

Treatments

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization I

Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional, Additional Detail: elbow/forearm in protected position, Description: retrograde massage to reduce edema, scar mob.

Manual Interventions: Range of Motion:

- Manual ROM 1

Time Elapsed: 15 Minutes, Additional Detail: to tolerance,
Description: Gentle passive pro/sup. with elbow support 90 flex

- Manual ROM 2

Time Elapsed: 15 Minutes, Additional Detail: to tolerance,
Description: Gentle passive elbow flex/ext w/ FA/wrist neutral.

Modalities:

- Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical
Use: Pre Activity.

Orthotics/Prosthetics: Modifications:

- Adjust Thermoplastic

Time Elapsed: 15 Minutes, Component 1: remolded splint for
fit/comfort and skin cond. Component 2: holes for aeration.

Assessment

Pt reported good comfortable fit of splint post remolding;advised pt again that if he as any discmfort to let therapist know and will modify splint instead of altering on his own--pt acknowledged good understanding

Presentation:

- Pt demo AROM in sup/pro with no c/o pain, elbow flex limited by reports of discomfort/pain in posterior elbow

Plan**Daily Plan:**

- Pt is going out of town on vacation, will see upon return; monitor skin condition and splint



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South Lamar
3901 South Lamar Blvd
Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275 Fax: (512) 462-0005

Acc # 00210750285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 3
Cxl/Ns: 0

Patient:
Visit Date: Jun 07, 2007
DOB: Jun 18, 1958
SSN:
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Daily Note

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: w/o per Dr. Gabel, fabricate posterior elbow.
Component 1: splint with elbow 90 flex, FA neutral/slight sup.
Component 2: begin gentle PROM for elbow with FA neutral.
Component 3: gentle PROM FA with elbow at 90 flex.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Daily Comments:

- "The splint is fitting well, it's a little uncomfortable around this area of the wrist (ulnar styloid)"

Medical Management:

- Surgery: S/P ORIF with plate for ulna, triceps repair, DOS 05/16/07

Objective Examination

Performed minor adjustment (domed area to relieve any pressure) in region of ulnar styloid

Integument: Scars: Characteristics:

- Phiability

Right
Mild

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

- Extension
- Flexion
- Pronation
- Supination

Right PROM
-40
90
60
60

Treatments

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization 1

Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional. Additional Detail: elbow/forearm in protected position. Description: retrograde massage to reduce edema, scar mob.

Manual Interventions: Range of Motion:

- Manual ROM 1

Time Elapsed: 15 Minutes, Additional Detail: to tolerance. Description: Gentle passive pro/sup with elbow support 90 flex.

- Manual ROM 2

Time Elapsed: 15 Minutes, Additional Detail: to tolerance,
Description: Gentle passive elbow flex/ext w/ FA/wrist neutral.

Assessment

pt reported improved comfort of splint at wrist post minor adjustment

Presentation:

- Moderate Improvements In: Range of Motion due to: Decreased Stiffness. Demo improved passive ROM in elbow ext and pro/sup with no c/ pain, passive flex performed to pt tol and limited by discomfort

Plan

Recommendations:

- Continue with current program.



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Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275 Fax: (512) 462-0005

Acc # 0240102085
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 2
Cxl/Ns: 0

Patient: Jack Eggers
Visit Date: Jun 05, 2007
DOB: Jun 18, 1958
SSN:
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Daily Note

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: v/o per Dr. Gabel, fabricate posterior elbow.
Component 1: splint with elbow 90 flex, FA neutral/slight sup.
Component 2: begin gentle PROM for elbow with FA neutral.
Component 3: gentle PROM FA with elbow at 90 flex.

Subjective Examination

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Medical Management:

- Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

Objective Examination

Integument: Scars: Characteristics:

- Pliability

Right

Mild

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

- Extension
- Flexion
- Pronation
- Supination

Right PROM

-60

90

30

30

Splint/Orthosis Check:

- Fit: performed adjustment to improve comfort; per pt report he had drummed holes for aeration due to sweating in splint

Treatments

Manual Interventions: Soft Tissue:

- Soft Tissue Mobilization 1

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional. Additional Detail: elbow/forearm in protected position. Description: retrograde massage to reduce edema, scar mob.

Manual Interventions: Range of Motion:

- Manual ROM 1
- Manual ROM 2

Time Elapsed: 10 Minutes, Additional Detail: to tolerance. Description: Gentle passive pro/sup with elbow support 90 flex. Time Elapsed: 10 Minutes, Additional Detail: to tolerance, Description: Gentle passive elbow flex/ext w/ FA/wrist neutral.

Assessment

Tolerance:

- pt tolerated ex very well with no c/o pain

Plan

Recommendations:

- Continue with current program.



Michelle Purdy, OT, OT(TX Lic: 106584),OTR/L

South Lamar
3901 South Lamar Blvd
Suite 140
Austin, TX USA 78704
Phone: (512) 462-3275 Fax: (512) 462-0005

Acc # 03240752285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 1
Cxl/Ns: 0
Patient:
Visit Date: May 31, 2007
DOB: Jun 18, 1958
SSN:
FSC: BCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Plan of Care

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

- Range of Motion. Swelling. Integumentary Status.

Treatment Emphasis to focus on:

- Splinting for protection and improving mobility per physician orders

Problems & Goals

Problem #1 Medical Management: Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

STG Achieve by May 31, 2007.

Splint fabrication for immobilization and protection post-op repair

Client Education:

- Understands Contraindications/Precautions.

STG Achieve by Jun 14, 2007.

Client Education:

- Donning-DoFFing/Use-Care and Wear of Orthosis.

LTG Achieve by Jun 28, 2007.

Modify splint PRN for continued wear

Problem #2 Observations: Swelling: Severity: Moderate.

LTG Achieve by Jun 28, 2007.

Girth Normalization:

- Decreasing Swelling/Effusion to: Mild Levels.

Problem #3 Integument: Scars: Characteristics.

LTG Achieve by Jun 28, 2007.

Improve mobility to mild restrictions

Problem #4 Range of Motion.

LTG Achieve by Jun 21, 2007.

Range of Motion Improvements to: Elbow:

	Right PROM
• Extension	-30
• Flexion	115
• Pronation	60
• Supination	60

Please sign and return

I certify that the above rehabilitation services are required and approved by me. This patient is under my care and this plan of care will be reviewed every 30 days.

Physician Signature

Date

Plan

The goals and plan were discussed with the client and/or family and they concur. Instructions included to call regarding problems or questions. It is recommended that the client attend rehabilitative therapy three times a week. Expected rehabilitation duration, under the current prescription, is four weeks. Interventions during this course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Pt may be able to attend therapy twice a week secondary to his schedule

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities.
- Modalities:
 - PRN Moist Hot Pack.
- Additional:
 - Edema Management. Scar Management. Brace/Tape/Splint: Static.



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Austin, TX USA 78704
Phone: (512) 462-3275 Fax: (512) 462-0005

Accident# 002407520285
Physician: GERARD GABEL
Clinician: Michelle Purdy, OT
Case Mgr:
In. Date: May 10, 2007
Surg. Date: May 16, 2007
Visits: 1
Cxl/Ns: 0
Patient:
Visit Date: May 31, 2007
DOB: Jun 18, 1958
SSN:
FSC: HCBS
Payor:
Pol/Claim#:
Name of Insured:
Employer:

Initial Evaluation

Diagnoses Right Elbow
72760 NONTRAUM TENDON RUPT NOS
81305 FX RADIUS HEAD-CLOSED
81322 FX ULNA SHAFT-CLOSED

General Information

Treatment Guidelines:

- Rehabilitative Program

Additional Detail: v/o per Dr. Gabel, fabricate posterior elbow.
Component 1: splint with elbow 90 flex, FA neutral/slight sup.
Component 2: begin gentle PROM for elbow with FA neutral.
Component 3: gentle PROM FA with elbow at 90 flex.

Subjective Examination

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file. The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.

Chief Complaint:

- Unable to use right U/E for ADLs in usual fashion

Extremity Dominance:

- Right.

Functional Capability:

- Pt currently taking courses at UT; has note taker for courses and modifications with computer PRN for exams, etc.

Mechanism of Injury:

- Primary Episode: Traumatic: Wound Inducing: cycling accident in which pt reports flipped over handlebars landing on elbow

Medical Management:

- Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

Rehabilitation Expectations/Goals:

- Normalize: Loss of Motion/Stiffness. Return to ADL Performance: Unrestricted/Symptom Free.

Objective Examination

Integument: Wounds/Incisions: Characteristics:

- Tissue Integrity Right Healed well

Integument:

- Wounds/Incisions: Type: Surgical Incision.

Integument: Scars: Characteristics:

- Pliability Right Mild

Observations:

- Swelling: Severity: Moderate.

Range of Motion:

- | | Right PROM |
|-----------|------------|
| Extension | -60 |
| Flexion | 90 |
| Pronation | 30 |

- Supination

30

Treatments

The client was instructed as to the purpose of the splint, appropriate precautions and contraindications to its use. Correct donning and doffing procedures, along with proper care and use of the splint were reviewed and performed. Acknowledgement of all instructions related to the orthosis was obtained. Good cognitive recognition of these instructions and capacity for performing active procedures related to the orthosis was exhibited. The above prescribed orthosis is medically necessary as part of the appropriate treatment for this client. Its use falls within accepted standards of treatment for this client's condition and has not been prescribed as "convenience equipment."

Orthotics/Prosthetics: Wearing and Education: Schedule:

• Orthosis Usage	General Parameters: 24 Hours/Day; Additional Detail: remove for HEP as directed
Orthotics/Prosthetics: Elbow:	
• Orthotic Fitting/Fabrication	Instruction: ; Time (Fitting/Fabrication): 15; Break In: Instructed; Care/Use: Instructed; Proper Fit: Instructed
Treatment Guidelines:	
• Rehabilitative Program	Additional Detail: pt instructed in the following for HEP. Component 1: gentle short arc PROM FA with elbow support at 90. Component 2: gentle short arc PROM elbow flex/ext w/ FA neutral. Component 3: precautions, splint wear

Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

- Range of Motion: Swelling, Integumentary Status.

Treatment Emphasis to focus on:

- Splinting for protection and improving mobility per physician orders

Problems & Goals

Problem #1 Medical Management: Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

STG Achieve by May 31, 2007.

Splint fabrication for immobilization and protection post-op repair

Client Education:

- Understands Contraindications/Precautions.

STG Achieve by Jun 14, 2007.

Client Education:

- Donning-Doffing/Use-Care and Wear of Orthosis.

LTG Achieve by Jun 28, 2007.

Modify splint PRN for continued wear

Problem #2 Observations: Swelling: Severity: Moderate.

LTG Achieve by Jun 28, 2007.

Girth Normalization:

- Decreasing Swelling/Effusion to: Mild Levels.

Problem #3 Integument: Scars: Characteristics.

LTG Achieve by Jun 28, 2007.

Improve mobility to mild restrictions**Problem #4 Range of Motion.***LTG Achieve by Jun 21, 2007.***Range of Motion Improvements to: Elbow:****Right PROM**

• Extension	30
• Flexion	115
• Pronation	60
• Supination	60

Plan

The goals and plan were discussed with the client and/or family and they concur. Instructions included to call regarding problems or questions. It is recommended that the client attend rehabilitative therapy three times a week. Expected rehabilitation duration, under the current prescription, is four weeks. Interventions during this course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Pt may be able to attend therapy twice a week secondary to his schedule

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities.
- Modalities:
 - PRN Moist Hot Pack.
- Additional:
 - Edema Management. Scar Management. Brace/Tape/Splint: Static.



Michelle Purdy, OT, OT(TX Lic: 106584), OTR/L

CUSTOM ORTHOSIS MANUAL CHARGE TICKET

(Codes not available in HCAP (EFF 7/1/08))

Date of Service:

05/21/07

Item # (Cost Ctr 273)	HCPCS Code	Description	Units	Unit Price	Total Price
<p>IMPORTANT</p> <p>Pt must be scheduled and registered in HCAP, "L" code must be specified in HCAP and all other treatment including patient education on splint wear, care and purpose should be documented and billed out through HCAP. This manual charge ticket should be used only to bill for the custom splints listed below that are currently not available in HCAP. Document modifiers in "Splint Description & Rationale" section of charge ticket.</p>					
39331	L3933 A	STATIC Finger Orthosis A		\$72.00	
39332	L3933 B	STATIC Finger Orthosis B		\$113.00	
39333	L3933 C	STATIC Finger Orthosis C		\$130.00	
39334	L3933 D	Silver Ring Splint		\$183.00	
39191	L3919 A	STATIC Hand Orthosis A		\$94.00	
39192	L3919 B	STATIC Hand Orthosis B		\$131.00	
39193	L3919 C	STATIC Hand Orthosis C		\$159.00	
39131	L3913 A	STATIC Hand-Finger Orthosis A		\$128.00	
39132	L3913 B	STATIC Hand-Finger Orthosis B		\$168.00	
39133	L3913 C	STATIC Hand-Finger Orthosis C		\$194.00	
37021	L3702 A	STATIC Elbow Orthosis A		\$138.00	
37022	L3702 B	STATIC Elbow Orthosis B		\$230.00	
37023	L3702 C	STATIC Elbow Orthosis C		\$266.00	
37631	L3763 A	STATIC Elbow-Wrist-Hand Orthosis A		\$206.00	
37632	L3763 B	STATIC Elbow-Wrist-Hand Orthosis B		\$261.00	
37633	L3763 C	STATIC Elbow-Wrist-Hand Orthosis C		\$316.00	
37651	L3765 A	STATIC Elbow-Wrist-Hand-Finger Orthosis A		\$253.00	
37652	L3765 B	STATIC Elbow-Wrist-Hand-Finger Orthosis B		\$310.00	
37653	L3765 C	STATIC Elbow-Wrist-Hand-Finger Orthosis C		\$359.00	
36710	L3671	STATIC Shoulder Orthosis Cap Design		\$213.00	
36720	L3672	STATIC Shoulder Orthosis Airplane Design		\$288.00	
39610	L3961	STATIC SEWH Orthosis Cap Design		\$338.00	
39670	L3967	STATIC SEWH Orthosis Airplane Design		\$455.00	
39750	L3975	STATIC SEWHF Orthosis Cap Design		\$405.00	
39760	L3976	STATIC SEWHF Orthosis Airplane Design		\$500.00	
39351	L3935 A	DYNAMIC Finger Based Splint A		\$93.00	
39352	L3935 B	DYNAMIC Finger Based Splint B		\$134.00	
39353	L3935 C	DYNAMIC Finger Based Splint C		\$159.00	
39211	L3921 A	DYNAMIC Hand-Finger Orthosis A		\$152.00	
39212	L3921 B	DYNAMIC Hand-Finger Orthosis B		\$193.00	
39213	L3921 C	DYNAMIC Hand-Finger Orthosis C		\$239.00	
39051	L3905 A	DYNAMIC Wrist-Hand Orthosis A		\$208.00	
39052	L3905 B	DYNAMIC Wrist-Hand Orthosis B		\$256.00	
39053	L3905 C	DYNAMIC Wrist-Hand Orthosis C		\$325.00	
37641	L3764 A	DYNAMIC Elbow-Wrist-Hand Orthosis A		\$284.00	
37642	L3764 B	DYNAMIC Elbow-Wrist-Hand Orthosis B	1	\$344.00	
37643	L3764 C	DYNAMIC Elbow-Wrist-Hand Orthosis C		\$398.00	
37661	L3766 A	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis A		\$319.00	
37662	L3766 B	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis B		\$368.00	
37663	L3766 C	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis C		\$425.00	
39710	L3971	DYNAMIC SEWH Orthosis Cap Design		\$475.00	
39730	L3973	DYNAMIC SEWH Orthosis Airplane Design		\$563.00	
39770	L3977	DYNAMIC SEWHF Orthosis Cap Design		\$544.00	
39780	L3978	DYNAMIC SEWHF Orthosis Airplane Design		\$631.00	
Totals			1	\$344.00	

PATIENT NAME:

Mitch Eggers

ACCT #:

3240702 0285

DIAGNOSIS:

PHYSICIAN:

Alexand Gabel

THERAPIST # & NAME:

Nurdy

Splint Description & Rationale

My name is Alex Gabel

Clinician Signature:

[Signature]

CUSTOM ORTHOSIS MAINTENANCE CHARGE TICKET

(Codes not available in HCAP (EFF 7/1/00))

Date of Service:

05/31/07

Item # (Cost Ctr 273)	HCPCS Code	Description	Units	Unit Price	Total Price
** IMPORTANT ** Pt must be scheduled and registered in HCAP, "L" code must be specified in HCAP and all other treatment including patient education on splint wear, care and purpose should be documented and billed out through HCAP. This manual charge ticket should be used only to bill for the custom splints listed below that are currently not available in HCAP. Document modifiers in "Splint Description & Rationale" section of charge ticket.					
39331	L3933 A	STATIC Finger Orthosis A		\$72.00	
39332	L3933 B	STATIC Finger Orthosis B		\$113.00	
39333	L3933 C	STATIC Finger Orthosis C		\$130.00	
39334	L3933 D	Silver Ring Splint		\$163.00	
39191	L3919 A	STATIC Hand Orthosis A		\$94.00	
39192	L3919 B	STATIC Hand Orthosis B		\$131.00	
39193	L3919 C	STATIC Hand Orthosis C		\$159.00	
39131	L3913 A	STATIC Hand-Finger Orthosis A		\$129.00	
39132	L3913 B	STATIC Hand-Finger Orthosis B		\$166.00	
39133	L3913 C	STATIC Hand-Finger Orthosis C		\$194.00	
37021	L3702 A	STATIC Elbow Orthosis A		\$138.00	
37022	L3702 B	STATIC Elbow Orthosis B		\$230.00	
37023	L3702 C	STATIC Elbow Orthosis C		\$265.00	
37631	L3763 A	STATIC Elbow-Wrist-Hand Orthosis A		\$208.00	
37632	L3763 B	STATIC Elbow-Wrist-Hand Orthosis B		\$261.00	
37633	L3763 C	STATIC Elbow-Wrist-Hand Orthosis C		\$316.00	
37651	L3765 A	STATIC Elbow-Wrist-Hand-Finger Orthosis A		\$253.00	
37652	L3765 B	STATIC Elbow-Wrist-Hand-Finger Orthosis B		\$310.00	
37653	L3765 C	STATIC Elbow-Wrist-Hand-Finger Orthosis C		\$356.00	
36710	L3671	STATIC Shoulder Orthosis Cap Design		\$213.00	
36720	L3672	STATIC Shoulder Orthosis Airplane Design		\$288.00	
39610	L3961	STATIC SEWH Orthosis Cap Design		\$338.00	
39670	L3967	STATIC SEWH Orthosis Airplane Design		\$456.00	
39750	L3975	STATIC SEWHF Orthosis Cap Design		\$408.00	
39760	L3976	STATIC SEWHF Orthosis Airplane Design		\$500.00	
39351	L3935 A	DYNAMIC Finger Based Splint A		\$93.00	
39352	L3935 B	DYNAMIC Finger Based Splint B		\$134.00	
39353	L3935 C	DYNAMIC Finger Based Splint C		\$169.00	
39211	L3921 A	DYNAMIC Hand-Finger Orthosis A		\$152.00	
39212	L3921 B	DYNAMIC Hand-Finger Orthosis B		\$198.00	
39213	L3921 C	DYNAMIC Hand-Finger Orthosis C		\$239.00	
39051	L3905 A	DYNAMIC Wrist-Hand Orthosis A		\$208.00	
39052	L3905 B	DYNAMIC Wrist-Hand Orthosis B		\$256.00	
39053	L3905 C	DYNAMIC Wrist-Hand Orthosis C		\$325.00	
37641	L3764 A	DYNAMIC Elbow-Wrist-Hand Orthosis A		\$264.00	
37642	L3764 B	DYNAMIC Elbow-Wrist-Hand Orthosis B		\$344.00	
37643	L3764 C	DYNAMIC Elbow-Wrist-Hand Orthosis C		\$398.00	
37661	L3766 A	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis A		\$319.00	
37662	L3766 B	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis B		\$366.00	
37663	L3766 C	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis C		\$425.00	
39710	L3971	DYNAMIC SEWH Orthosis Cap Design		\$475.00	
39730	L3973	DYNAMIC SEWH Orthosis Airplane Design		\$563.00	
39770	L3977	DYNAMIC SEWHF Orthosis Cap Design		\$544.00	
39780	L3978	DYNAMIC SEWHF Orthosis Airplane Design		\$631.00	
Totals				1	7261.00

PATIENT NAME:

Mitch Eggars

ACCT#:

31407020205

DIAGNOSIS:

PHYSICIAN:

Evelyn Kierard

THERAPIST # & NAME

97 Murphy

Splint Description & Rationale

posterior elbow splint
 elbow
 forearm support splint

Clinician Signature:

HEALTHSOUTH

CUSTOM ORTHOSIS MAN CHAR E TICKET

(Codes not available in HCAP (EFF 7/1/05))

Tag Ticket #:

Date of Service:

06/04/07

Item # (Cost Ctr 273)	HCPCS Code	Description	Units	Unit Price	Total Price
<p>IMPORTANT</p> <p>P1 must be scheduled and registered in HCAP. "L" code must be specified in HCAP and all other treatment including patient education, orthosis wear, care and purpose should be documented and billed out through HCAP. This manual charge ticket should be used only to bill for the custom splints listed by HCAP. Document modifiers in "Splint Description & Rationale" section of charge ticket.</p>					
39331	L3933 A	STATIC Finger Orthosis A		\$72.00	
39332	L3933 B	STATIC Finger Orthosis B		\$113.00	
39333	L3933 C	STATIC Finger Orthosis C		\$130.00	
39334	L3933 D	Silver Ring Splint		\$163.00	
39181	L3918 A	STATIC Hand Orthosis A		\$94.00	
39182	L3918 B	STATIC Hand Orthosis B		\$131.00	
39183	L3918 C	STATIC Hand Orthosis C		\$158.00	
39131	L3913 A	STATIC Hand-Finger Orthosis A		\$129.00	
39132	L3913 B	STATIC Hand-Finger Orthosis B		\$168.00	
39133	L3913 C	STATIC Hand-Finger Orthosis C		\$194.00	
37021	L3702 A	STATIC Elbow Orthosis A		\$138.00	
37022	L3702 B	STATIC Elbow Orthosis B		\$280.00	
37023	L3702 C	STATIC Elbow Orthosis C		\$285.00	
37631	L3763 A	STATIC Elbow-Wrist-Hand Orthosis A		\$266.00	
37632	L3763 B	STATIC Elbow-Wrist-Hand Orthosis B		\$291.00	
37633	L3763 C	STATIC Elbow-Wrist-Hand Orthosis C		\$318.00	
37651	L3765 A	STATIC Elbow-Wrist-Hand-Finger Orthosis A		\$263.00	
37652	L3765 B	STATIC Elbow-Wrist-Hand-Finger Orthosis B		\$330.00	
37653	L3765 C	STATIC Elbow-Wrist-Hand-Finger Orthosis C		\$358.00	
36710	L3671	STATIC Shoulder Orthosis Cap Design		\$213.00	
36720	L3672	STATIC Shoulder Orthosis Airplane Design		\$288.00	
39810	L3981	STATIC SEWH Orthosis Cap Design		\$338.00	
39870	L3987	STATIC SEWH Orthosis Airplane Design		\$425.00	
39750	L3975	STATIC SEWHF Orthosis Cap Design		\$406.00	
39760	L3976	STATIC SEWHF Orthosis Airplane Design		\$500.00	
39351	L3935 A	DYNAMIC Finger Based Splint A		\$99.00	
39352	L3935 B	DYNAMIC Finger Based Splint B		\$134.00	
39353	L3935 C	DYNAMIC Finger Based Splint C		\$158.00	
39211	L3921 A	DYNAMIC Hand-Finger Orthosis A		\$152.00	
39212	L3921 B	DYNAMIC Hand-Finger Orthosis B		\$198.00	
39213	L3921 C	DYNAMIC Hand-Finger Orthosis C		\$239.00	
39051	L3905 A	DYNAMIC Wrist-Hand Orthosis A		\$206.00	
39052	L3905 B	DYNAMIC Wrist-Hand Orthosis B		\$256.00	
39053	L3905 C	DYNAMIC Wrist-Hand Orthosis C		\$325.00	
37641	L3764 A	DYNAMIC Elbow-Wrist-Hand Orthosis A		\$284.00	
37642	L3764 B	DYNAMIC Elbow-Wrist-Hand Orthosis B		\$344.00	
37643	L3764 C	DYNAMIC Elbow-Wrist-Hand Orthosis C		\$398.00	
37681	L3768 A	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis A		\$319.00	
37682	L3768 B	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis B		\$365.00	
37683	L3768 C	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis C		\$425.00	
39710	L3971	DYNAMIC SEWH Orthosis Cap Design		\$475.00	
39730	L3973	DYNAMIC SEWH Orthosis Airplane Design		\$563.00	
39770	L3977	DYNAMIC SEWHF Orthosis Cap Design		\$544.00	
39780	L3978	DYNAMIC SEWHF Orthosis Airplane Design		\$631.00	

PATIENT NAME:

Michael Egan

ACCT#:

3740702 0285

DIAGNOSIS:

PHYSICIAN:

Alexand Grabel

THERAPIST # & NAME:

Murphy

Splint Description & Rationale

Dynamic Elbow Wrist Hand Splint

Clinician Signature:

[Signature]

CUSTOM ORTHOSIS MAINTENANCE CHARGE TICKET

(Codes not available in HCAP (EFF 7/1/05))

Ticket #:

Date of Service:

05/31/07

Item # (Code Ctr 273)	HCPCS Code	Description	Units	Unit Price	Total Price
<p>IMPORTANT:</p> <p>Item must be scheduled and registered in HCAP. "L" code must be specified in HCAP and all other treatment including patient education on splint wear, care and purpose should be documented and billed out through HCAP. This manual charge ticket should be used only to bill for the custom splints listed below that are currently not available in HCAP. Document modifiers in "Splint Description & Rationale" section of charge ticket.</p>					
39331	L3933 A	STATIC Finger Orthosis A		\$72.00	
39332	L3933 B	STATIC Finger Orthosis B		\$113.00	
39333	L3933 C	STATIC Finger Orthosis C		\$190.00	
39334	L3933 D	Silver Ring Splint		\$153.00	
39191	L3919 A	STATIC Hand Orthosis A		\$34.00	
39192	L3919 B	STATIC Hand Orthosis B		\$131.00	
39193	L3919 C	STATIC Hand Orthosis C		\$159.00	
39131	L3913 A	STATIC Hand-Finger Orthosis A		\$129.00	
39132	L3913 B	STATIC Hand-Finger Orthosis B		\$166.00	
39133	L3913 C	STATIC Hand-Finger Orthosis C		\$194.00	
37021	L3702 A	STATIC Elbow Orthosis A		\$138.00	
37022	L3702 B	STATIC Elbow Orthosis B		\$283.00	
37023	L3702 C	STATIC Elbow Orthosis C		\$285.00	
37531	L3753 A	STATIC Elbow-Wrist-Hand Orthosis A		\$206.00	
37532	L3753 B	STATIC Elbow-Wrist-Hand Orthosis B		\$251.00	
37533	L3753 C	STATIC Elbow-Wrist-Hand Orthosis C		\$315.00	
37551	L3755 A	STATIC Elbow-Wrist-Hand-Finger Orthosis A		\$253.00	
37552	L3755 B	STATIC Elbow-Wrist-Hand-Finger Orthosis B		\$310.00	
37553	L3755 C	STATIC Elbow-Wrist-Hand-Finger Orthosis C		\$356.00	
36710	L3671	STATIC Shoulder Orthosis Cap Design		\$213.00	
36720	L3672	STATIC Shoulder Orthosis Airplane Design		\$286.00	
36010	L3601	STATIC SEWH Orthosis Cap Design		\$333.00	
36070	L3607	STATIC SEWH Orthosis Airplane Design		\$456.00	
36750	L3675	STATIC SEWHF Orthosis Cap Design		\$406.00	
36760	L3676	STATIC SEWHF Orthosis Airplane Design		\$500.00	
39351	L3935 A	DYNAMIC Finger Based Splint A		\$93.00	
39352	L3935 B	DYNAMIC Finger Based Splint B		\$134.00	
39353	L3935 C	DYNAMIC Finger Based Splint C		\$159.00	
39211	L3921 A	DYNAMIC Hand-Finger Orthosis A		\$152.00	
39212	L3921 B	DYNAMIC Hand-Finger Orthosis B		\$198.00	
39213	L3921 C	DYNAMIC Hand-Finger Orthosis C		\$239.00	
39051	L3905 A	DYNAMIC Wrist-Hand Orthosis A		\$208.00	
39052	L3905 B	DYNAMIC Wrist-Hand Orthosis B		\$256.00	
39053	L3905 C	DYNAMIC Wrist-Hand Orthosis C		\$325.00	
37641	L3764 A	DYNAMIC Elbow-Wrist-Hand Orthosis A		\$284.00	
37642	L3764 B	DYNAMIC Elbow-Wrist-Hand Orthosis B		\$344.00	
37643	L3764 C	DYNAMIC Elbow-Wrist-Hand Orthosis C		\$398.00	
37681	L3768 A	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis A		\$518.00	
37682	L3768 B	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis B		\$556.00	
37683	L3768 C	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis C		\$625.00	
39710	L3971	DYNAMIC SEWH Orthosis Cap Design		\$475.00	
39730	L3973	DYNAMIC SEWH Orthosis Airplane Design		\$563.00	
39770	L3977	DYNAMIC SEWHF Orthosis Cap Design		\$544.00	
39780	L3978	DYNAMIC SEWHF Orthosis Airplane Design		\$631.00	
		Totals	1	761.00	

PATIENT NAME:

Michele Eggans

ACCT #:

32407020205

DIAGNOSIS:

PHYSICIAN:

David Herard

THERAPIST # & NAME:

97 Lupandy

Splint Description & Rationale

Posterior elbow splint
elbow
forearm support splint

Clinician Signature:

Michael Eggans

HEALTHSOUTH.

South Lamar

Social / Vocational Service Patient Questionnaire

Name: Michelle Eggers
Phone Number: (760) 809-1234
Date of Birth: 3/1/50

Acct#: 03249020
Diagnosis: 175
Primary language: English

PT/OT Speech: MP Murphy
Sex: ☒ Male ☐ Female
Marital Status: at

HealthSouth provides for special qualified to:

- evaluate social and vocational factors
 - counsel and advise on the social or vocational problems that arise from your particular illness or injury
 - make appropriate referrals for needed services (e.g., community resources, transportation, assistance at home, supportive counseling, and assistance with work related issues).
 - Please complete and sign this form assist in meeting your need
1. Has your current injury or illness caused you to require assistance with any of the following:

Please check those which apply:

- Transportation ☐
Shopping/Errands ☐
Domestic Chores ☒

- Meals ☐
Personal Care ☐
Work ☐

Other: _____

2. Do you have someone to assist you with household or daily tasks? ☒ Yes ☐ No
List the people or groups that you rely on for support (e.g., spouse, family): _____

Do you need further assistance?

If so, describe: _____

3. Since the onset of your current injury or illness, have you experienced any of the following (select all that apply)?

- Financial Stress ☐
Anger ☒
Sadness ☒
Family Problems ☐

- Appetite Changes ☐
Difficulty Concentrating ☐
Fatigue/Loss of Energy ☒

4. Have you been diagnosed with depression? ☐ Yes ☒ No
If yes, are you in treatment? ☐ Yes ☒ No ☐ Currently Coping on Own

Based on your answers above, a HealthSouth Social/Vocational Worker may contact you. Social/Vocational consultation is provided at no additional charge to you. A Social/Vocational Worker may make referrals to assist with community resources, transportation, assistance at home, support, counseling, and assistance with work related issues.

The best time of day to contact: _____

Phone Number at that time: _____

Patient Signature: _____

Date: _____

I have reviewed this document for completeness:

Therapist Signature: _____

Date: 5/2/07

Based on the applicable provided information:

- ☐ The patient does require social/vocational service intervention at this time.
☒ The patient does not require social/vocational service intervention at this time.
☐ More information is required to determine social/vocational service needs.

Comments/Action Taken:

6/11/07 called @ 12:12p left message @
6/13/07 spoke w/ pt, does not need services

Consultant signature: _____

Date: 6/13/07

HEALTHSOUTH®**HAND THERAPY SERVICES**

Shepherd Plaza - PT and Hand
2158 Portsmouth
Houston, TX 77098
713 529-4990 • Fax 713 523-2452

Pasadena - PT and Hand
3800 Spencer Highway
Pasadena, TX 77504
713 943-9573 • Fax 713 943-8593

Clear Lake - PT and Hand
711 Bay Area Blvd., Suite 608
Webster, TX 77598
281 336-1273 • Fax 281 332-3939

Hedwig - PT and Hand
(formerly Town & Country)
9055 Katy Freeway, Suite 440
Houston, TX 77024
713 464-8357 • Fax 713 464-0564

Sugar Land - PT and Hand
4945 Sweetwater Blvd.
Sugar Land, TX 77479
281 277-1330 • Fax 281 277-0360

Cypresswood - PT and Hand
8111 Cypresswood Drive, Suite 102
Spring, TX 77379
281 376-3900 • Fax 281 376-7019

Cy Fair - PT and Hand
17396 Northwest Freeway
Houston, TX 77040
713 849-2253 • Fax 713 849-3103

Name MICHAEL EGGERT Date 8-2-7

ICD-9 Codes:

Diagnosis Code 64718 Diagnosis ADHESIVE CAPSULITIS, TRICEPS TENDONITISWorker's Compensation Patient ☐ Yes ☒ No CAPSULAR RELEASE

Employer: _____

I have assessed this patient. They do ☐ or do not ☐ require social or vocational services for this current injury, illness or diagnosis.Frequency 3 Duration 2 Return to MD _____**EVALUATIONS**

____ Evaluate and Treat

THERAPEUTIC EXERCISE

____ Passive/Active
____ General Conditioning
____ Mobilization
____ Stretch and Strengthening
____ Global Strengthening
____ Home Program

MODALITIES AND PROCEDURES

____ Moist Heat
____ Cold Packs/Ice Massage
____ Ultrasound
____ Massage
____ Electrical Muscle Stimulation
____ Whirlpool
____ Contrast Bath
____ TENS Rental/Setup
____ MENS
____ Iontophoresis Phonophoresis
____ Joint Mobilization
____ Soft Tissue Mobilization
____ Paraffin
____ Fluidotherapy
____ Desensitization
____ Wound Care
____ HVPGS

ORTHOTIC INSTRUCTIONS

AREA TO BE TREATED _____**SPECIFIC INSTRUCTIONS AND PRECAUTIONS**

JAROM / PROM
Elbow
25 A Elbow
Flexion/Extension
Start on 8-2-7

Adhesive Capsulitis, Shldr	726.0
Bicep Tendon Rupture Shldr	727.62
Bursitis, Shldr	726.10
Calcific Tendonitis, Shldr	726.11
CRPS/Causalgia	354.4
Impingement Shldr	726.19
Int Derangement, Shldr	718.91
Thoracic Outlet Syndrome	353.0
Ulnar Nerve Lesion Elbow	354.2
Medial Epicon, Elbow	726.31
Lateral Epicon Elbow	726.32
FX, Radial Head	813.05
FX, Olecranon	813.01
OA-NOS	715.93
Rheumatoid Arthritis	714.3
Carpal Tunnel Syndrome	354.3
Tenosynov Hand/Wrist	727.05
DeQuervain's	727.04
Ganglion Cyst	727.41
Intern Derang Wrist	718.02
FX, Distal Radius	813.42
FX, Carpal Bone	814.0
FX, Scaphoid	814.01
Laceration, Hand	862.0
Amputation Finger	866.0
Amputation Thumb	865.0
Crush Injury, Hand	927.30
Cellulitis, Hand	862.4
Contracted Palmar Fascia	728.6
FX, Metacarpal	815.03
FX, Mid/Distal Phalanx	816.07
FX, Proximal Phalanx	815.02
Joint Pain, Hand	719.44
Mallet Finger	736.1
Tendon Rupt., Flexor	727.64
Tendon Rupt. Exten	727.63
Tendon Avulsion, Traum	879.8
Trigger Finger	727.03
Wrist Sprain/Strain	842.0

In my opinion, in accordance with medical practice standards, the above named patient requires rehabilitation services for the problems diagnosed. This prescription is valid for one month from the above date unless otherwise indicated.

PHYSICIAN'S SIGNATURE _____

UPIN NUMBER _____

PHONE () _____ FAX () _____

(SM-101 106/05)

HEALTHSOUTH®

PHI THERAPY SERVICES

Shepherd Plaza - PT and Hand
2158 Portsmouth
Houston, TX 77098
713 529-4390 • Fax 713 523-2452

Pasadena - PT and Hand
3800 Spencer Highway
Pasadena, TX 77504
713 943-8573 • Fax 713 943-8593

Clear Lake - PT and Hand
711 Bay Area Blvd., Suite 608
Webster, TX 77598
281 338-1273 • Fax 281 332-3939

Hedwig - PT and Hand
(formerly Town & Country)
9055 Katy Freeway, Suite 440
Houston, TX 77024
713 464-8357 • Fax 713 464-0564

Sugar Land - PT and Hand
4945 Sweetwater Blvd.
Sugar Land, TX 77479
281 277-1330 • Fax 281 277-0360

Cypresswood - PT and Hand
Cypresswood Drive, Suite 102
Spring, TX 77379
281 376-3900 • Fax 281 376-7019

Cy Fair - PT and Hand
17396 Northwest Freeway
Houston, TX 77040
713 849-2253 • Fax 713 849-3103

Name Mitchell Egger Date 5-25-7

ICD-9 Codes:

Diagnosis Code _____ Diagnosis 727.60, 813.05, 813.22

Worker's Compensation Patient ☐ Yes ☐ No

Employer: _____

I have assessed this patient. They do [], or do not [] require social or vocational services for this current injury, illness or diagnosis.

Frequency (3) Duration (4) Return to MD _____

EVALUATIONS

____ Evaluate and Treat

THERAPEUTIC EXERCISE

- ____ Passive/Active
- ____ General Conditioning
- ____ Mobilization
- ____ Stretch and Strengthening
- ____ Global Strengthening
- ____ Home Program

ORTHOTIC INSTRUCTIONS

MODALITIES AND PROCEDURES

- ____ Moist Heat
- ____ Cold Packs/Ice Massage
- ____ Ultrasound
- ____ Massage
- ____ Electrical Muscle Stimulation
- ____ Whirlpool
- ____ Contrast Bath
- ____ TENS Rental/Setup
- ____ MENS
- ____ Iontophoresis Phonophoresis
- ____ Joint Mobilization
- ____ Soft Tissue Mobilization
- ____ Paraffin
- ____ Fluidotherapy
- ____ Desensitization
- ____ Wound Care
- ____ HVPGS

AREA TO BE TREATED

SPECIFIC INSTRUCTIONS AND PRECAUTIONS

1) long arm posterior splint
2) gentle P/R FA
e/ben

Adhesive Capsulitis, Shldr	726.0
Bicep Tendon Rupture Shldr	727.62
Bursitis, Shldr	726.10
Calcific Tendonitis, Shldr	726.11
CRPS/Causalgia	354.4
Impingement Shldr	726.19
Int Derangement, Shldr	718.91
Thoracic Outlet Syndrome	353.0
Ulnar Nerve Lesion, Elbow	354.2
Medial Epicon. Elbow	726.31
Lateral Epicon. Elbow	726.32
FX, Radial Head	813.05
FX, Olecranon	813.01
OA-NOS	715.90
Rheumatoid Arthritis	714.0
Carpal Tunnel Syndrome	354.0
Tenosynov Hand/Wrist	727.05
Dequervain's	727.04
Ganglion Cyst	727.41
Intern Derang Wrist	718.02
FX, Distal Radius	813.42
FX, Carpal Bone	814.0
FX, Scaphoid	814.01
Laceration, Hand	882.0
Amputation Finger	886.0
Amputation Thumb	885.0
Crush Injury, Hand	927.30
Cellulitis, Hand	682.4
Contracted Palmar Fascia	728.6
FX, Metacarpal	815.03
FX, Mid/Distal Phalanx	816.01
FX, Proximal Phalanx	816.02
Joint Pain, Hand	719.44
Mallet Finger	736.1
Tendon Rupt., Flexor	727.64
Tendon Rupt., Exten	727.63
Tendon Avulsion, Trauma	879.3
Trigger Finger	727.03
Wrist Sprain/Strain	842.0

In my opinion, in accordance with medical practice standards, that above named patient requires rehabilitation services for the problems diagnosed. This prescription is valid for one month from the above date unless otherwise indicated.

PHYSICIAN'S SIGNATURE _____

UPIN NUMBER _____

PHONE () _____

Fax () _____

HEALTHSOUTH®**HAND THERAPY SERVICES**

Shepherd Plaza - PT and Hand
2158 Portsmouth
Houston, TX 77098
713 529-4990 • Fax 713 523-2452

Pasadena - PT and Hand
3800 Spencer Highway
Pasadena, TX 77504
713 943-8573 • Fax 713 943-8593

Clear Lake - PT and Hand
711 Bay Area Blvd., Suite 603
Webster, TX 77598
281 338-1273 • Fax 281 332-3939

Hedwig - PT and Hand
(formerly Town & Country)
9055 Katy Freeway, Suite 440
Houston, TX 77024
713 464-8357 • Fax 713 464-0564

Sugar Land - PT and Hand
4945 Sweetwater Blvd.
Sugar Land, TX 77479
281 277-1330 • Fax 281 277-0360

Cypresswood - PT and Hand
8111 Cypresswood Drive, Suite 102
Spring, TX 77379
281 376-3900 • Fax 281 376-7019

Cy Fair - PT and Hand
17396 Northwest Freeway
Houston, TX 77040
713 849-2253 • Fax 713 849-3103

Name Mitchell Eggers Date 8-10-7Diagnosis Code 8419 Diagnosis _____Worker's Compensation Patient ☐ Yes ☐ No

Employer: _____

I have assessed this patient. They do [], or do not [] require social or vocational services for this current injury, illness or diagnosis.

Frequency 3 Duration 4 Return to MD _____**EVALUATIONS**

___ Evaluate and Treat

THERAPEUTIC EXERCISE

- ___ Passive/Active
___ General Conditioning
___ Mobilization
___ Stretch and Strengthening
___ Global Strengthening
☒ Home Program

ORTHOTIC INSTRUCTIONS**MODALITIES AND PROCEDURES**

- ___ Moist Heat
___ Cold Packs/Ice Massage
___ Ultrasound
___ Massage
___ Electrical Muscle Stimulation
___ Whirlpool
___ Contrast Bath
___ TENS Rental/Setup
___ MENS
___ Iontophoresis Phonophoresis
___ Joint Mobilization
___ Soft Tissue Mobilization
___ Paraffin
___ Fluidotherapy
___ Desensitization
___ Wound Care
___ HVPGS

AREA TO BE TREATED _____**SPECIFIC INSTRUCTIONS AND PRECAUTIONS**

1) FROM PROM
Elbow flexion/extension
2) REMOVE STITCHES
in a week

ICD-9 Codes:

Adhesive Capsulitis, Shldr	726.0
Bicep Tendon Rupture Shldr	727.62
Bursitis, Shldr	726.10
Calcific Tendinitis, Shldr	726.11
CRPS/Causalgia	354.4
Impingement Shldr	726.19
Int Derangement, Shldr	718.91
Thoracic Outlet Syndrome	353.0
Ulnar Nerve Lesion, Elbow	354.2
Medial Epicon, Elbow	726.31
Lateral Epicon, Elbow	726.32
FX, Radial Head	813.05
FX, Olecranon	813.01
OA-NOS	715.90
Rheumatoid Arthritis	714.0
Carpal Tunnel Syndrome	354.0
Tenosynov Hand/Wrist	727.05
DeQuervain's	727.04
Ganglion Cyst	727.41
Intern Derang Wrist	718.02
FX, Distal Radius	813.42
FX, Carpal Bone	814.0
FX, Scaphoid	814.0*
Laceration, Hand	882.0
Amputation Finger	886.0
Amputation Thumb	885.0
Crush Injury, Hand	927.30
Cellulitis, Hand	682.4
Contracted Palmar Fascia	728.6
FX, Metacarpal	815.03
FX, Mid/Distal Phalanx	816.01
FX, Proximal Phalanx	816.02
Joint Pain, Hand	719.44
Mallet Finger	736.1
Tendon Rupt., Flexor	727.64
Tendon Rupt., Extensor	727.63
Tendon Avulsion, Traum	879.8
Trigger Finger	727.03
Wrist Sprain/Strain	842.0

In my opinion, in accordance with medical practice standards, that above named patient requires rehabilitation services for the problems diagnosed. This prescription is valid for one month from the above date unless otherwise indicated.

PHYSICIAN'S SIGNATURE _____

UPIN NUMBER _____

PHONE () _____

FAX () _____

HEALTHSOUTH

HAND THERAPY SERVICES

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Sugar Land, TX 77479
281 277-1330 • Fax 281 277-0360

Cypresswood - PT and Hand

8111 Cypresswood Drive, Suite 102
Spring, TX 77379
281 378-3900 • Fax 281 378-7019

Cy Fair - PT and Hand

17396 Northwest Freeway
Houston, TX 77040
713 849-2253 • Fax 713 849-3103

Name MACHILL EGGERT Date 8-2-7

Diagnosis Code 61718 Diagnosis ELBOW, TRIPEXTENDITIS

Worker's Compensation: - Patient ☐ Yes ☒ No CAPSLAR

Employer: _____

I have assessed this patient. They do () or do not () require social or vocational services for this current injury, illness or diagnosis.

Frequency 3 Duration 2 Return to MD _____

EVALUATIONS

____ Evaluate and Treat

THERAPEUTIC EXERCISE

____ Passive/Active
____ General Conditioning
____ Mobilization
____ Stretch and Strengthening
____ Global Strengthening
____ Home Program

ORTHOTIC INSTRUCTIONS

MODALITIES AND PROCEDURES

____ Moist Heat
____ Cold Packs/Ice Massage
____ Ultrasound
____ Massage
____ Electrical Muscle Stimulation
____ Whirlpool
____ Contrast Bath
____ TENS Rental/Setup
____ MENS
____ Iontophoresis Phorophoresis
____ Joint Mobilization
____ Soft Tissue Mobilization
____ Paraffin
____ Fluidotherapy
____ Desensitization
____ Wound Care
____ HVPGS

AREA TO BE TREATED

SPECIFIC INSTRUCTIONS AND PRECAUTIONS

JAROM / PROM

Elbow

25 A Elbow

Flexion/Extension

START on 8-2-7

ICD-9 Codes:

Adhesive Capsulitis, Shldr	726.0
Bicip Tendon Rupture Shldr	727.62
Bursitis, Shldr	726.10
Calcific Tendinitis, Shldr	726.11
CRPS/Carsalgia	354.4
Impingement Shldr	726.18
Int. Derangement, Shldr	718.91
Thoracic Outlet Syndrome	353.0
Ulnar Nerve Lesion, Elbow	354.2
Medial Epicon, Elbow	726.31
Lateral Epicon, Elbow	726.32
PX, Radial Head	813.06
PX, Dislocation	813.01
OA-NQS	716.90
Rheumatoid Arthritis	714.0
Carpal Tunnel Syndrome	354.0
Tenosynov Hand/Wrist	727.05
Dequervain's	727.04
Ganglion Cyst	727.11
Intern Derang Wrist	718.02
PX, Distal Radius	813.42
PX, Carpal Bone	814.0
PX, Scaphoid	814.01
Laceration, Hand	862.0
Amputation Finger	865.0
Amputation Thumb	865.0
Crush Injury, Hand	927.30
Cellulitis, Hand	682.4
Contracted Palmar Fascia	728.5
PX, Metacarpal	815.03
PX, Mid/Distal Phalanx	816.01
PX, Proximal Phalanx	816.02
Joint Pain, Hand	719.44
Mallet Finger	736.1
Tendon Rupt., Flexor	727.54
Tendon Rupt., Exten	727.53
Tendon Avulsion, Traum	878.8
Trigger Finger	727.03
Wrist Sprain/Strain	842.0

In my opinion, in accordance with medical practice standards, the above named patient requires rehabilitation services for the problems diagnosed. This prescription is valid for one month from the above date unless otherwise indicated.

PHYSICIAN'S SIGNATURE _____

UPIN NUMBER _____

PHONE () _____

FAX () _____

(594-801) 106/001

Michelle P. ...
HEALTHSOUTH

ICD-9 Codes:

HAND THERAPY SERVICES

Shepherd Plaza - PT and Hand
 2158 Portsmouth
 Houston, TX 77098
 713 529-4990 • Fax 713 523-2452

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 711 Bay Area Blvd., Suite 608
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 281 338-1273 • Fax 281 332-3939

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 Spring, TX 77379
 281 376-3900 • Fax 281 376-7019

Cy Fair - PT and Hand
 17398 Northwest Freeway
 Houston, TX 77040
 713 849-2253 • Fax 713 849-3103

Name Eggar, Mitchell Date 4/21/7

Diagnosis Code _____ Diagnosis _____

Worker's Compensation Patient ☐ Yes ☐ No

Employer: _____

I have assessed this patient. They do [] or do not [] require social or vocational services for this current injury, illness or diagnosis.

Frequency _____ Session _____ Return to MD _____

EVALUATIONS

____ Evaluate and Treat

THERAPEUTIC EXERCISE

____ Passive/Active

____ General Conditioning

____ Mobilization

____ Stretch and Strengthening

____ Global Strengthening

____ Home Program

ORTHOTIC INSTRUCTION

MODALITIES AND PROCEDURES

____ Moist Heat

____ Cold Packs/ Ice Massage

____ Ultrasound

____ Massage

____ Electrical Muscle Stimulation

____ Whirlpool

____ Contrast Bath

____ TENS Rental/Setup

____ MENS

____ Iontophoresis/Phonophoresis

____ Joint Mobilization

____ Soft Tissue Mobilization

____ Paraffin

____ Fluidotherapy

____ Desensitization

____ Wound Care

____ HVPCs

AREA TO BE TREATED**SPECIFIC INSTRUCTIONS AND PRECAUTIONS**

Adhesive Capsulitis, Shldr 726.0

Bicep Tendon Rupture Shldr 727.62

Bursitis, Shldr 726.10

Calcific Tenosynovitis, Shldr 726.11

CRPS/Causalgia 354.4

Impingement Shldr 726.19

Int. Derangement, Shldr 718.91

Thoracic Outlet Syndrome 353.0

Ulnar Nerve Lesion, Elbow 354.2

Medial Epicond. Elbow 726.31

Lateral Epicond. Elbow 726.32

FX, Radial head 813.05

FX, Clecrannon 813.01

CA-ICDS 715.98

Rheumatoid Arthritis 714.0

Carpal Tunnel Syndrome 354.0

Tendosynov Hand/Wrist 727.05

Dupuytren's 727.04

Ganglion Cyst 727.41

Intern. Derang Wrist 718.02

FX, Distal Radius 813.42

FX, Carpal Bone 814.0

FX, Scaphoid 814.01

Laceration, Hand 882.0

Amputation Finger 888.0

Amputation Thumb 885.0

Crush Injury, Hand 827.30

Cellulitis, Hand 682.4

Contracted Palmar Fascia 728.8

FX, Metacarpal 815.03

FX, Mid/Distal Phalanx 816.01

FX, Proximal Phalanx 816.02

Joint Pain, Hand 719.44

Mallet Finger 736.1

Tendon Rupt., Flexor 727.64

Tendon Rupt., Exten 727.63

Tendon Avulsion, Traum 879.8

Trigger Finger 727.03

Wrist Sprain/Strain 842.0

In my opinion, in accordance with accepted standards, that above named patient requires rehabilitation services for the problems diagnosed. This rehabilitation is valid for one month from the above date unless otherwise indicated.

PHYSICIAN'S SIGNATURE

UPIN NUMBER

PHONE ()

FAX ()

HSA-10* (P.001)

FAXED
 CONFIRMED

Mitchell
Perry
HEALTHSOUTH®

PH THERAPY SERVICES

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Spring, TX 77378
281 376-3900 • Fax 281 376-7019

Cy Fair - PT and Hand
17396 Northwest Freeway
Houston, TX 77040
713 849-2258 • Fax 713 849-3103

Name Mitchell Egger Date 5-25-7

Diagnosis Code _____ Diagnosis 727.60, 813.05, 813.22

Worker's Compensation Patient ☐ Yes ☐ No

Employer: _____

I have assessed this patient. They do ☐ or do not ☐ require social or vocational services for this current injury, illness or diagnosis.

Frequency (3) Duration (4) Return to ND _____

EVALUATIONS

____ Evaluate and Treat

THERAPEUTIC EXERCISE

- ____ Passive/Active
- ____ General Condition
- ____ Mobilization
- ____ Stretch and Strengthening
- ____ Global Strengthening
- ____ Home Program

ORTHOTIC INSTRUCTIONS

MODALITIES AND PROCEDURES

- ____ Moist Heat
- ____ Cold Pack/ice Massage
- ____ Ultrasound
- ____ Massage
- ____ Electrical Muscle Stimulation
- ____ Whirlpool
- ____ Contrast Bath
- ____ TENS Rental/Setup
- ____ MENS
- ____ Iontophoresis Phonophoresis
- ____ Joint Mobilization
- ____ Soft Tissue Mobilization
- ____ Paraffin
- ____ Fluidotherapy
- ____ Desensitization
- ____ Wound Care
- ____ HVPGS

AREA TO BE TREATED

SPECIFIC INSTRUCTIONS AND PRECAUTIONS

1) long arm cast
splint
2) gentle flexion FA
elbow

ICD-9 Codes:

- Adhesive Capsulitis, Shldr 725.0
- Bicip Tendon Rupture Shldr 727.62
- Bursitis, Shldr 726.10
- Calcific Tendonitis, Shldr 726.11
- CRPS/Causalgia 354.4
- Impingement Shldr 726.19
- Int Derangement, Shldr 718.91
- Thoracic Outlet Syndrome 353.0
- Ulnar Nerve Lesion, Elbow 354.2
- Medial Epicon, Elbow 726.31
- Lateral Epicon, Elbow 726.32
- FX, Radial Head 813.05
- FX, Olecranon 813.01
- OA-NOS 715.90
- Rheumatoid Arthritis 714.0
- Carpal Tunnel Syndrome 354.0
- Tenosynov Hand/Wrist 727.05
- Dequervain's 727.04
- Ganglion Cyst 727.41
- Intern Derang Wrist 718.02
- FX, Distal Radius 813.42
- FX, Carpal Bone 814.0
- FX, Scaphoid 814.01
- Laceration, Hand 882.0
- Amputation Finger 886.0
- Amputation Thumb 885.0
- Crush Injury, Hand 927.30
- Cellulitis, Hand 882.4
- Contracted Palmar Fascia 728.6
- FX, Metacarpal 815.03
- FX, Mid/Distal Phalanx 816.01
- FX, Proximal Phalanx 816.02
- Joint Pain, Hand 719.44
- Mallet Finger 736.1
- Tendon Rupt., Flexor 727.64
- Tendon Rupt., Extensor 727.63
- Tendon Avulsion, Traum 879.8
- Trigger Finger 727.03
- Wrist Sprain/Strain 842.0

Start
6/1/7

In my opinion, in accordance with medical standards, that above named patient requires rehabilitation services for the problems diagnosed. This prescription is valid for one month from the above date unless otherwise indicated.

PHYSICIAN'S SIGNATURE _____ UPIV NUMBER _____

PHONE () _____ FAX () _____

HEALTHSOUTH
Street
City, State

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES***

You may refuse to sign this acknowledgement

*HealthSouth will use and disclose your personal health information to treat you.
To receive payment for the care we provide, and for other health care operations.
Healthcare operations generally include those activities we perform to improve the quality of
care.*

*We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand
our policies about your personal health information.
The terms of the notice may change with time and we will always post the current notice at our
facilities, on our website, and have copies available for distribution.*

I, _____ (please print name), have received a
copy of this facility's Notice of Privacy Practices.



Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the
acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify) _____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT

Include completed consent in the patient's Medical Record

HEALTHSOUTH

PATIENT DATA INTAKE SHEET

Revised 9/26/06

- FOR OFFICE USE ONLY -

Location: SL RX Date: 05/25/07 # of visits provided: 3 Therapist #/Name: M. Hunsley Source of Admission: 21
 Referring MD #/Name: Dr. Prabel, Gerald MD Ph: () MD Fax: ()

PATIENT'S INFORMATION: Social Security #: 35-1078-10105Acct #: 003501090712

Pt's Name: Last: Eggers Suf.: First: Mitch MI:
 Address: 4306 Avenue D City: Albion State: TX Zip: 78751
 Hm Ph: (760) 922-1153 Wk Ph: () D.O.B.: 3-5-58 Emp Ind: (S/E/U) Marital Status: M/S/E/W
 Sex: M Employer #/Name: Student Address:
 Emergency Contact Name/Ph: Anita Eggers (760) 922-1158 Patient Cell # (760) 922-1158
 **Employment Indicator - R-Retired / S-Student / E-Employed / U-Unemployed **Marital Status - M-Married / S-Single / D-Divorced / W-Widowed

INSURED'S INFORMATION: Patient's Relation to Insured: Self Sponsor Child Other Is the insured also the Responsible Party for Patient portion of bill? Y/N

Insured's Name (as it appears on the card): Anita Eggers
 Address: Same City: State: Zip:
 Hm Ph: (760) 922-1153 Wk Ph: () D.O.B.: 11-15-57 Sex: M (F) Emp Ind: R/S/E/U
 Employer #/Name: Self

RESPONSIBLE for Patient Portion of Bill: Patient's Relation to Responsible Party: Self Sponsor Child Other (If Self or Insured, skip to Accident Information section)

Name: Address:
 Hm Ph: () Wk Ph: () D.O.B.: Marital Status: M/S/E/W Sex: M F Emp Ind: R/S/E/U

ACCIDENT INFORMATION: Accident Type: None / Auto Work / Other Slip Date of Accident/Injury/Onset: 05/10/07 Surgery for this Injury: Y/N
 Surgery Date: 5/10/07 State of accident? Accident Details/Reason for visit: PT hurt while working from a pipe Body Part: Right Arm
 Is there a potential liable party? Y / N Name of individuals that you allow us to discuss your billing and appointments with: Anita

**Patient, Please initial here if the above information is complete: [Signature] Date: 5/25/07

- FOR OFFICE USE ONLY -

PRIMARY INSURANCE:

Ph: (760) 451-0287 Fx: () Plan Type: PPD Reprising Network:
 Verifying: PT/OT/SP/WH/FCE FSC Code: 07 Diagnosis: 2700, 81305, 81322 Group #: 000940
 Ins Rep/Case Mgr/Adj Name: Patricia Ph: (760) 451-0287 Fax: () Service Class: 50 PAR Code: 324
 Effective Date: 02/15/07 Deductible: \$1500 Mgt: 5 OOP: \$3000 Co-pay: 0 Co-ins: 20 % DME: Same, new
 Max Visits/\$ Allowed: \$1000 per category Lifetime Visits/Amount: 5 Primary Care Ref Req? (N) Benefits Exhausted? Y (N) Pre Cert Req? Y (N)
 Auth #: not req Auth Date: #Visits Auth: 1 to 6/15/07 Exclusions:
 Comments:

Claims Address: PO Box 1660044 City: Albion State: TX Zip: 75246

SECONDARY INSURANCE:

City: State: Zip: D.O.B.: Ins Rep Name:
 Ph: () Fax: () Policy #:
 Insured Name: Group #: Auth #:
 Auth Date: #Visits Auth: Auth Exp Date: Deductible: OOP: Co-pay: Co-ins:
 Max Visits/\$ Allowed: Lifetime Visits/Amount: Primary Care Ref Req? (N) Benefits Exhausted? Y (N) Pre Cert Req? Y (N)
 Comments:

Intake Taken By: [Signature] Insurance Verified By: [Signature] Date: 05/25/07

Patient Health Questionnaire **HEALTHSOUTH**

Name: MITCH EGGERS Date: 5/31/07

Date of Birth: 9/9/56 Patient Acct#: _____

Referring Physician: GABEL Family Physician: _____

Date of 1st doctor visit for this injury/condition: 5/14/07

Are you aware of what your diagnosis is? ☒ Yes ☐ No

What are your rehabilitation expectations or goals? FULL FUNCTION

Have you had Surgery for this injury? ☒ Yes ☐ No

Type of Surgery: PLATE & 12 SCREWS Approx date(s) of surgery: 5/16

1. Your chief complaint: LACK OF MOTION

Date of onset of symptoms or injury: 5/10/07

2. How often do you experience your symptoms? ☒ 1 Constantly (76-100% of the day)
☐ 2 Frequently (51-75% of the day)
☐ 3 Occasionally (26-50% of the day)
☐ 4 Intermittently (0-25% of the day)

3. What describes the nature of your symptoms? (Choose all that apply)
☐ 1 Sharp ☒ 2 Dull ache ☒ 3 Numb ☐ 4 Shooting ☐ 5 Burning ☐ 6 Tingling

4. How are our symptoms changing? ☒ 1 Getting better ☐ 2 Not changing ☐ 3 Getting worse

5. During the past 4 weeks:

a. Indicate the average intensity of your symptoms:

None Unbearable

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

b. How much pain interfered with your normal work (including both work outside the home, and housework)?
☒ 1 Not at all ☐ 2 A little bit ☐ 3 Moderately ☐ 4 Quite a bit ☐ 5 Extremely

6. During the past 4 weeks how much of the time has your condition interfered with your social activities? (like visiting with friends, relatives, etc.)
☒ 1 All of the time ☐ 3 Some of the time ☐ 5 None of the time
☐ 2 Most of the time ☐ 4 A little of the time

7. In general, would you say your overall health right now is....
☐ 1 Excellent ☒ 2 Very good ☐ 3 Good ☐ 4 Fair ☐ 5 Poor

8. Who have you seen for your symptoms? (Choose all that apply)
☐ 1 No One ☐ 3 Medical Doctor ☒ 5 Other ☐ 7 Occupational Therapist
☐ 2 Chiropractor ☐ 4 Physical Therapist ☐ 6 Orthopedist

a. What treatment did you receive and when? Surgery

b. What tests have you had for your symptoms and when were they performed?
☒ 1 Xrays ☐ 2 MRI ☐ 3 CT Scan ☐ 4 Other

9. Have you had similar symptoms in the past? ☐ Yes ☒ No

a. If you have received treatment in the past for the same or similar symptoms, who did you see?
☐ 1 No One ☐ 3 Medical Doctor ☐ 5 Other ☐ 7 Occupational Therapist
☐ 2 Chiropractor ☐ 4 Physical Therapist ☐ 6 Orthopedist

10. What is your occupation? ☐ 1 Professional/Executive ☒ 4 Laborer ☐ 7 Retired
☐ 2 White Collar/Secretarial ☐ 5 Homemaker ☐ 8 Other
☐ 3 Tradesperson ☒ 6 FT Student

a. If you are not retired, a homemaker, or a student, what is your current work status?
☐ 1 Full-time ☐ 2 Part-time ☒ 3 Self-Employed ☐ 4 Unemployed ☐ 5 Off work ☐ 6 Other

Patient/Guardian Signature: _____ Date: _____

I have reviewed and discussed this patient medical information with the patient

Clinician Signature: _____ Date: _____

Please circle Y (yes) or N (no) if you have, or have had. Circle M (medications) if you are taking medications.

Constitutional			
Good general health	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> M
Recent weight changes	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Fatigue	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Night sweats / fevers	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Cardiovascular			
Angina / chest pain	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Coronary artery disease	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Heart surgery	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Pacemaker	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Musculoskeletal			
Muscle pains or cramps	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> M
Stiffness / swelling in joints	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> M
Joint pain	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> M
Osteoporosis	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Endocrine			
Excessive thirst / urination	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Thyroid disease	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Hormone problem(s)	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Ear/Nose/Throat/Mouth			
Hearing loss/ringing in ears	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Sinus problems	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Nose bleeds	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Sore throat	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Voice changes	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Respiratory			
Shortness of Breath	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Excessive coughing	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Asthma	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Bronchitis	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Emphysema	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Neurological			
Frequent headaches	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Seizures / Epilepsy	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Numbness / tingling	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> M
Dizziness	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Weakness	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Stroke / TIA	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Hematologic/Lymphatic			
Bruise easily	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Slow to heal	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Enlarged glands	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Eyes			
Wear glasses / contacts	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Blurred / double vision	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Eye disease or injury	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Glaucoma	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Allergies			
Food	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Medicine	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Gastrointestinal			
Nausea / Vomiting	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Abdominal pain	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Rectal bleeding	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Blood in urine	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Kidney stones	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Other			
Changes in hair or nails	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Rashes or itching	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Breast lump	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Breast pain or discharge	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Change in menstrual cycle	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Tube/culosis	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Cancer	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Chemotherapy or radiation	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
HIV / AIDS	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Diabetes	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Blood clots	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Depression	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Insomnia	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Confusion or memory loss	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Do you smoke	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Use tobacco products	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M
Are you pregnant	<input type="radio"/> Y	<input checked="" type="radio"/> N	<input type="radio"/> M

AUG 12 '07 22:51 FR

TO THE INSURED

In-Network coverage is available through Blue Cross of Michigan. Out-of-Network services will be covered at a lower level.

If Rx copays are shown on reverse side, use:

Prior to 01/01/05 - AdvancePCS: RxBIN 004336 RxPON II: TX

01/01/05 and after - Prime Therapeutics: RxBIN 011552 RxPON II: TX

For Customer Service information, call the claims or customer service telephone listed below.

Some services must be precertified before you receive them. Your individual contract has more information. To precertify services, call toll-free: 1-800-441-9188.

For Claims or Customer Service information, call toll-free: 1-888-497-0683.
For claims filing address, refer to your benefits guide.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company
an Independent Licensee of the Blue Cross and Blue Shield Association



BlueCross BlueShield
of Texas

Select

www.bcbstx.com

Eggers, Juanita M

Identification No. 000940 ZGP893144118

Group No. 000940 BC Plan Code 400 BS Plan Code 900

Effective Date: 02/15/07

Office Copay: \$25

Network No. PTX02 Rx Generic Copay: \$10

Rx Brand Copay: \$30/\$45



CONSENT FOR CARE & TREATMENT

I, the undersigned, do hereby agree and give my consent for **HEALTHSOUTH** to furnish medical care and treatment to _____ considered necessary and proper in diagnosing or treating his/her physical and mental condition.

Patient/Guardian/Responsible Party _____

Date 5/21/07BENEFIT ASSIGNMENT/RELEASE OF INFORMATION

I hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare, Medicaid, private insurance, and third party payors to **HEALTHSOUTH** for services provided by **HEALTHSOUTH**. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including medical records, to secure payment.

Patient/Guardian/Responsible Party _____

Date 5/21/07FINANCIAL POLICY STATEMENT

We verify your insurance benefits as a courtesy to you. However, **HEALTHSOUTH** does not accept responsibility for any incorrect information given by your insurance carrier regarding your insurance benefits or benefit plans. We require that any co-pays that are due be paid at each visit. Once your insurance carrier processes your claim we will bill you for any remaining patient responsibility deemed by your insurance carrier. If your insurance carrier does not remit payment within 60 days, the balance will be due in full from you. If any payment is made directly to you for services billed by us, you recognize an obligation to promptly submit same to **HEALTHSOUTH**.

The above may not apply for those patients that are considered Worker's Compensation, Medicare Primary or who have benefits with a balance billing contract, such as an HMO. However, be advised if you claim Worker's Compensation benefits and are subsequently denied such benefits, you may be held responsible for the total amount of charges for services rendered to you.

When you pay by check, you expressly authorize **HEALTHSOUTH**, if your check is dishonored or returned for any reason, to electronically debit your account for the amount of the check plus a processing fee of up to the state maximum legal limit (plus any applicable sales tax). Please note: the above language authorizes an electronic debit to your account for the state-allowed recovery fee. In accordance with the rules of the National Automated Clearing House Association, you may call (888) 235-4635 to revoke the authorization for the electronic transaction. This does not, however, mean that **HEALTHSOUTH** cannot collect a returned check fee by other methods.

I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.

I UNDERSTAND MY RESPONSIBILITY FOR THE PAYMENT OF MY ACCOUNT.

Patient/Guardian/Responsible Party _____

Date 5/21/07

Facility Representative _____

Date 5/21/07

